

**A QUASI EXPERIMENTAL STUDY TO ASSESS
THE EFFECTIVENESS OF STRUCTURED
TEACHING PROGRAMME ON THE LEVEL OF
KNOWLEDGE REGARDING ALCOHOL
DEPENDENCE AMONG ADOLESCENTS IN A
SELECTED VILLAGE AT TIRUPUR(DT)**

BY

301331853



**A DISSERTATION SUBMITTED TO THE TAMILNADU
Dr.M.G.R. MEDICAL UNIVERSITY, CHENNAI, IN
PARTIAL FULFILMENT OF THE REQUIREMENT FOR
THE AWARD OF THE DEGREE OF MASTER OF
SCIENCE IN NURSING**

OCTOBER – 2015

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TIRUPUR.**

By

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**SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENT FOR THE AWARD OF THE DEGREE OF
MASTER OF SCIENCE IN NURSING FROM THE TAMILNADU
DR.MGR.UNIVERSITY, CHENNAI.**

OCTOBER - 2015

DECLARATION

I hereby declare that the present dissertation titled “A quasi experimental study to assess the effectiveness of structured teaching program on the level of knowledge regarding alcohol dependence among adolescents in a selected village at Tirupur District outcome of the original research work undertaken and carried out by me, under the guidance of Research Guide Prof. Mrs. M.KAVIMANI, R.N, R.M, MSN, (PhD)., PRINCIPAL, Shiv parvathi Mandradiar Institute Of Health Sciences, College of Nursing and the clinical speciality Guide Asst. Prof. Mrs. JOTHIMANI, R.N, R.M, MSN, HOD of Mental health Nursing.

I also declare that the material of this has not found in any way, the basis for the award of any degree/diploma in this University or any other University.

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CERTIFIED THAT THIS IS THE BONAFIED WORK OF

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**AT THE SHIVPARVATHI MANDRADIAR INSTITUTE OF
HEALTH SCIENCE, COLLEGE OF NURSING SUBMITTED IN
PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE
AWARD OF THE DEGREE OF MASTER OF SCIENCE IN
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LIST OF ABBREVIATION

SHORT FORMS	ABBREVIATION
SPMIHS	Shivparvathi Mandradiar Institute of Health Sciences
STP	Structured teaching programme
H ₁	Research hypotheses
MSc (N)	Master of science in nursing
P	Probability
F	Frequency
%	Percentage
χ^2	Chi-square test
SD	Standard Deviation
NS	No Significant
MD	Mean Difference
CT	Computerized Tomography
ECG	Electro Cardio Gram
EEG	Electro Encephalogram

ABSTRACT

A quasi experimental study to assess the effectiveness of structure teaching programme on the level of knowledge regarding alcohol dependence among adolescents in a selected village at Tirupur (dt). Tamilnadu was under taken by 301331853 as a partial fulfillment of the requirement for the degree of Master of Science in nursing at Shiv parvathy Mandradiar institute of health science, under the Tamilnadu Dr.M.G.R.University during the year of 2013-2015.

THE OBJECTIVES OF THE STUDY WERE

1. To assess the pre-test and post- test level of knowledge regarding alcohol dependence among adolescents in experimental and control group.
2. To assess the effectiveness of structured teaching program on the level of knowledge regarding alcohol dependence among adolescents in experimental group.

3. To find the association between post-test level of knowledge regarding alcohol dependence among adolescents with their selected demographic variables.

THE RESEARCH HYPOTHESES FORMULATED WERE

1. There is a significant difference between the pre-test and post-test level of knowledge regarding alcohol dependence among adolescents in experimental group.
2. There is a significant difference in the post test level of knowledge regarding alcohol dependence among adolescents between experimental and control group.
3. There is a significant association between the post-test level of knowledge regarding alcohol dependence among adolescents with their demographic variables.

THE INVESTIGATOR ORGANIZED THE REVIEW OF LITERATURE UNDER THREE SECTIONS AS FOLLOWS

Studies related to Prevalence of alcohol dependence among adolescents, Studies related to knowledge regarding alcohol dependence and its management among adolescents, Studies related to effectiveness of structured teaching programme of alcohol dependence among adolescents.

The conceptual framework for this study was based on Nursing process model developed by ANA(1991). The research design used was a quasi-experimental design. Study was conducted among 60 adolescents, 30 in experimental group and 30 in control group who were selected by purposive sampling technique in Nathakadaiyur at Tirupur(dt).

The data collection tools were validated by 2 psychiatrists, 3 nursing experts and 1 visual engineer. The tool developed and used for data collection was a structured knowledge questionnaire method. Reliability was established by test retest method $r = 0.92$ pilot study was conducted among 10 adolescents in Arjunanagar, at Nathakadaiyur.

Main study was conducted in Palayakottai at Tirupur(dt). After the pre-test structured teaching programme was conducted for adolescents in experimental group and then post-test was conducted. Data obtained were edited, organized, analyzed by using SPSS (version 13) and interpreted by descriptive and inferential statistics. The findings revealed the effectiveness of structured teaching programme.

The findings of the study showed that there was a significant ($p<0.05$) improvement on the level of knowledge regarding alcohol dependence after the structured teaching programme among experimental group. There was no significant association between and selected demographic variables in experimental group. The conclusion of the study was that structured teaching programme was an effective method for improvement of knowledge on alcohol dependence among adolescents.

The limitations, implications and recommendation were adequately spelt.

CHAPTER I

INTRODUCTION

*“First the man takes a drink
Then the drink takes a drink
And then drink takes the man”*

BACKGROUND OF THE STUDY

Alcohol has a long history of use and misuse throughout recorded human history. Biblical, Egyptian and Babylonian sources record history of abuse and dependence on alcohol. In some ancient cultures alcohol was worshiped and in others its dependence was condemned. Excessive alcohol misuse and drunkenness were recognized as causing problems thousands of years ago. However, the defining of habitual drunkenness as it was then known as and its adverse consequences were not well established medically until the 18th century.

World Health Organization's European Charter on Alcohol states that "all children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol dependence, to the extent possible, from the promotion of alcoholic beverages"

As per Erikson's theory adolescents are in identity versus role confusion phase. They are still in teens and lacks maturity of thoughts and experience. She/he is not aware what is proper and improper and therefore is in danger of going on the wrong path. Youngsters like to experiment with a risky life without knowledge about long-term health dangers and risks.

Adolescence is associated with rapid physical growth, sexual maturation and emotional development. Adolescents are facing so many problems at their age, mainly morphological problems, psychological problems, social problems, family problems and educational problems. In addition many serious diseases in adulthood have their roots in adolescence. Teenagers can be more vulnerable to the effects of alcohol because they have not built up physical tolerance. They also lack drinking experience and are less able to judge their own levels of intoxication. Alcohol marketing communications have a powerful effect on young people and come in many forms. These include traditional advertisements on television through ubiquitous ambient advertising to new media such as social network sites and viral campaigns.

Wider implementation of policies is needed to save lives and reduce the health impact of harmful alcohol drinking, says a new report launched by WHO. Harmful use of alcohol results in the death of 2.5 million people annually, causes illness and injury to many more, and increasingly affects younger generations and drinkers in developing countries⁶. Globally, the world Health organization has reported alcohol as one of the leading risk factors for morbidity and mortality world-wide, with approximately 1.8 million deaths annually, and representing a considerable economic problem for many communities around the world⁶. A substantial proportion of these deaths are the results of injuries caused by the hazardous and harmful drinking, such as road traffic injuries and interpersonal violence.

Indian constitution emphasize that, “The state shall endeavor to bring about prohibition of conception except for medical purposes of intoxicating drinks and drugs which are injuries to health”

Alcohol, tobacco and other substances abuse is a drastic social problem in India. Around 25% of the current users are dependent users. Dependent users as a proportion of current users were 17% for alcohol, 26% for cannabis and 22% were opiates.

Alcohol problems are associated with life style and socio-economic conditions of people. These are becoming more prevalent in adolescents – both boys and girls, mainly because of their risk taking behavior and more over the emotional control of family; the moral control of school and the social control of community are declining. Information explosion and communication across cultural boundaries through mass media have lot of influence on behavior pattern of adolescents all over the world. In India, the prevalence of drug abuse, which is generally low in early adolescence, aged 12 & 13 rises – steeply in the late teenage and is highest during the early 20's

Indian teenagers, mainly in the age group of 15 to 19, are spurring the sales of alcohol in the country, with girls starting to have their first drink at the age of 15, reveals an Ascham (Associated Chambers of Commerce and Industry of India) survey that was conducted by Ascham Social Development Foundation (ASDF).

Alcoholism, also known as alcohol dependence, is a disabling addictive disorder. It is characterized by compulsive and uncontrolled consumption of alcohol despite its negative effects on the drinker's health, relationships, and social standing. Like other drug addictions, alcoholism is medically defined as a treatable disease. The term "alcoholism" is a widely used term first coined in 1849 by Magnus Huss, but in medicine the term was replaced by "alcohol abuse" and "alcohol dependence" In 1980s by DSM III. Similarly in 1979 an expert World Health Organization committee disfavored the use of

"alcoholism" as a diagnostic entity, preferring the category of "alcohol dependence syndrome" In the 19th and early 20th centuries, alcohol dependence was called dipsomania before the term "alcoholism" replaced it. Alcoholism refers to the use of alcoholic beverages that cause damage to the individual, society or both. Alcoholism is one of the major health and social problems all over the world.

According to the World Health Organization, every year about 2.5 million people die from alcohol-related diseases all over the world, accounting for 3.8 per cent of total deaths. Alcohol-related heart disease, cancer, accidents and suicides contribute to these deaths. Alcohol dependence is more or less a universal problem. There is hardly any effort to discourage the consumption all over the world. Neither are there any statutory warnings.

India is a dominant producer of alcohol in South-East Asia, with 65 per cent of the total share, and contributes to around 7 per cent of the total alcohol beverage imports into the region. Production doubled from 887.2 million liters in 1992-93 to 1,654 million liters in 1999-2000. It was expected to treble to 2,300 million liters by 2009-2010.⁵ In Karnataka state, availability of beverage alcohol has raised from 2.96 liters to 6.35 liters. Prevalence rate in an urban slum at Bangalore shows that 27% of males and 2% of females consume alcohol.

According to current concepts, alcoholism is considered a disease and alcohol a “disease agent” which causes acute and chronic intoxication, cirrhosis of liver, toxic psychosis, gastritis, pancreatitis, cardio-myopathy, peripheral neuropathy and gastro intestinal cancers. In addition to that it is a leading cause of suicide, automobile accidents, injuries and deaths due to violence. The health problems for which alcohol is responsible are only part of the total social damage which includes family disorganization, crime and loss of productivity.

NEED FOR THE STUDY

Adolescent health today is threatened by the use of alcohol and other psycho active substances. It is therefore important to develop upgraded alcohol education related to alcohol use, and its consequences in school health care. Promotion of national and community based-age appropriate education program is needed to ensure alcohol free activities from youth and public.

The WHO estimates that 320,000 young people between the ages of 15 & 29 die from alcohol related causes. This represents 9% of all deaths in this age group. The 2011 Global Status Report on Alcohol & Health states that there has been a marked increase in alcohol consumption amongst young people in recent years. The 2008 Global report from 73 countries showed a five-year trend in under-age drinking with 71% of countries reporting an increase.

There is early experimentation, more binge drinking, high levels of fiesta drinking and a greater acceptance of social drinking, explains Dr.G.Gururaj of NIMHANS, Bangalore, an epidemiologist who has been charting alcohol's impact through the decade. A 2009 survey on 2,000 teenagers by apex trade body Ascham shows there has been a 60 per cent rise in alcohol consumption among the 19-26 age groups in the last five years. Over 45 per cent of metro teenagers drink five to six times a month, while 70 per cent drink on social occasions. In November 2011, yet another Ascham survey found a 100 per cent rise in drinking among the 15-19 age groups in the last 10 years.

In Karnataka state, one of the highest installed capacities for beverage alcohol production in the country, per capita availability of beverage alcohol has risen from 2.96 liters to 6.35 liters of absolute alcohol equivalent per person per year over a ten-year period. At present, the State is third in the country in terms of ethanol production¹⁷. A study carried out by the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore revealed that 70% HIV patients were alcoholics and they had been teenagers¹⁸. A monograph on 'Alcohol related harm: Implications for public health and policy in India' (2011) by NIMHANS, revealed that over 50 per cent of regular alcohol users fall into the category of hazardous drinking, and the use of alcohol was increasing disproportionately in younger age groups.

In India, prevalence rates of use of alcoholic beverages ranges from 23 % to 74 % among males and 80% among the adolescent group. Statistics from a recent survey by the social development foundation of the Associated Chambers of Commerce and Industry of India (Ascham) reveals that nearly 45 percent of 12th graders in metropolitan cities drink excessively at least five to six times a month²⁰. Globally, according to WHO, the extent of world-wide psychoactive substance abuse is estimated as 2 billion alcohol users, 1.3 billion smokers, 129 million cannabis users and 185 million drug users. About 76.3 million are diagnosed with alcohol related disorders and 3.2 % of overall human deaths are caused by alcohol consumption

Adolescence is a very sensitive period because of biological, hormonal and psychological changes, super added with increased responsibility. Lack of information and ignorance make the adolescents more vulnerable to alcoholism along with peer pressure and identity problem.

Young adolescents are at risk of alcohol related problems and are noted as special population in need of services in the report by the institute of medicine. Young adolescents as a group are heaviest drinkers in America and other Western societies. In India also, the trend is increasing in favor of alcohol use among student population. Campus atmosphere and peer pressure is forcing and influencing the adolescent students to indulge in alcoholism mainly due to lack of adequate knowledge about the consequences of its use or

falsely perceived knowledge and attitude towards alcoholism as the students use alcohol for “company, festivity or curiosity.

Whatever it is that leads the adolescents to begin drinking, once they start, they face a number of potential health risks, like brain effects, liver effects, growth and endocrine effects, social effects and so on. Loss of employment, drunk driving or public disorders, tortuous behavior, marital conflicts, divorce or domestic violence are some forms of social effects seen among the adolescence lives.

Reducing underage drinking will require community-based efforts to monitor the activities of youth and decrease youth access to alcohol. Recent publications by the Surgeon General and the Institute of Medicine outlined many prevention strategies that will require actions on the national, state, and local levels, such as enforcement of minimum legal drinking age laws, national media campaigns targeting youth and adults, increasing alcohol excise taxes, reducing youth exposure to alcohol advertising, and development of comprehensive community-based programs. These efforts will require continued research and evaluation to determine their success and to improve their effectiveness.

WHO (2004) stated that one forth to one third of the male population drink alcohol, while the proportion amongst the females is quite low. The consumption per drinker is 13-14 litters of alcohol per annum. There is evidence that drinking alcohol is being initiated at progressively younger ages. There has been a significant lowering of the age at initiation of drinking in

India. Young people move from experimentation to regular consumption and some to harmful consumption of alcohol.

A descriptive study was conducted on alcoholism and construction workers. The objective of the study was to study the alcohol consumption and consequence of alcohol on health, working ability and accidents in construction workers. The Sample consisted of 142 workers from Italy, whose alcohol concentration measured during periodic health surveillance examination. Result had shown that alcohol related disease as a cause of work limitation, work disability and accidents in work sites. This study concluded that there was a correlation between frequency and seriousness of accidents and alcohol consumption in construction workers.

A study was conducted to find out the effectiveness of alcohol dependence and the sample consisted of 390 persons were reviewed and of this 200 were selected for meta-analysis. Result had shown that alcohol most strongly increased the risks for cancers of the oral cavity and pharynx 5.7% for the highest alcohol consumption level, esophagus 4.2% and larynx 3.2. Study concluded that Cirrhosis of liver, neoplasm of upper respiratory and digestive tract, hemorrhage stroke, injuries and adverse effect were highly associated with alcoholic consumption.

The investigator from her own experience and discussion with colleagues and experts realized that alcoholism is a problem among college students. If college students are provided with knowledge on ill effects of alcohol, this might help the students to change their behavior and influence

others. Therefore structured teaching program is one of such effective intervention which can be carried out to bring the awareness among adolescents students in a school set up.

STATEMENT OF THE PROBLEM

A quasi experimental study to assess the effectiveness of structured teaching programme on the level of knowledge regarding alcohol dependence among adolescents in a selected village at Tirupur (dt).

OBJECTIVES OF THE STUDY

1. To assess the pre-test and post- test level of knowledge regarding alcohol dependence among adolescents in experimental and control group.
2. To assess the effectiveness of structured teaching program on the level of knowledge regarding alcohol dependence among adolescents in experimental group.

3. To find the association between post-test level of knowledge regarding alcohol dependence among adolescents with their selected demographic variables.

HYPOTHESES

H1: There is a significant difference between the pre-test and post-test level of knowledge regarding alcohol dependence among adolescents in experimental group.

H2: There is a significant difference in the post test level of knowledge regarding alcohol dependence among adolescents between experimental and control group.

H3: There is a significant association between the post-test level of knowledge regarding alcohol dependence among adolescents with their demographic variables.

OPERATIONAL DEFINITIONS

ASSESS

In this study assess refers to estimation of the level of knowledge regarding alcohol dependence among adolescents which was assessed using structured questionnaire.

EFFECTIVENESS

In this study effectiveness refers to the extent to which structured teaching program has brought about significant difference in the level of knowledge regarding alcohol dependence among adolescents which was assessed using structured questionnaire.

STRUCTURED TEACHING PROGRAM (STP)

In this study structure teaching program refers to systemic structured lecture given by the investigator for 45minutes using audio visual aids (Roller board, pictures, pamphlets, handouts, and flashcards) to help adolescents of selected village to gain knowledge regarding alcohol dependence and its management.

LEVEL OF KNOWLEDGE REGARDING ALCOHOL DEPENDENCE

In this study regarding alcohol dependence refers to the extent of knowledge regarding alcohol dependence, and its management among adolescents which was assessed by using structured questionnaire, and categorized as inadequate, moderately adequate and adequate level of knowledge.

ADOLESCENTS

In this study refers to adolescents in the age group of 15-19 years who are living in selected village in Nathakadaiyur at Tirupur (dist).

ASSUMPTIONS

1. Adolescents may have little or inadequate knowledge regarding alcohol dependence.
2. Structured teaching program may enhance the level of knowledge regarding alcohol dependence among adolescents.

DELIMITATIONS

The study is limited to,

1. The adolescents who are living in a selected village.
2. Samples are selected by non- probability purposive sampling technique.
3. Data collection period is only for 4 weeks.

THE CONCEPTUAL FRAMEWORK

Conceptual frame work is an organized phenomenon which deals with concepts that are assembled by virtue of their relevance to a common theme. The present study was aimed at assessing the effects of structured teaching program on alcohol dependence among adolescents. The conceptual frame work for the present study was based up on the Nursing process model.

I. ASSESSMENT

Assessment is the deliberate and systematic collection of data to determine the client's current and past health status.

IN THIS STUDY INCLUDE

➤ PRE- TEST KNOWLEDGE

Knowledge assessment include definition, properties of alcohol, causes, stages of alcoholism, basis of patterns, effects on the body, signs and symptoms, diagnostic evaluation, treatment, prevention, psychological and nursing management.

➤ SELECTED FACTORS OF ADOLESCENTS

Age, gender, religion, educational status, number of children in the family, bread winner of the family, type of family, occupation of, family income, number of alcoholics in the family, duration of the alcoholism in the family member, number of friends with alcoholism, hobbies, and dietary pattern.

II. PLANNING

Assessment of data helps in formulating nursing diagnosis, which forms the basis of planning nursing care. Through planning, the nurse determines what needs to be accomplished in which priority the needs have to be met and how it should be done.

In this study planning includes preparation of structured teaching program for experimental group with the goal to improve the knowledge level and for control group no activity.

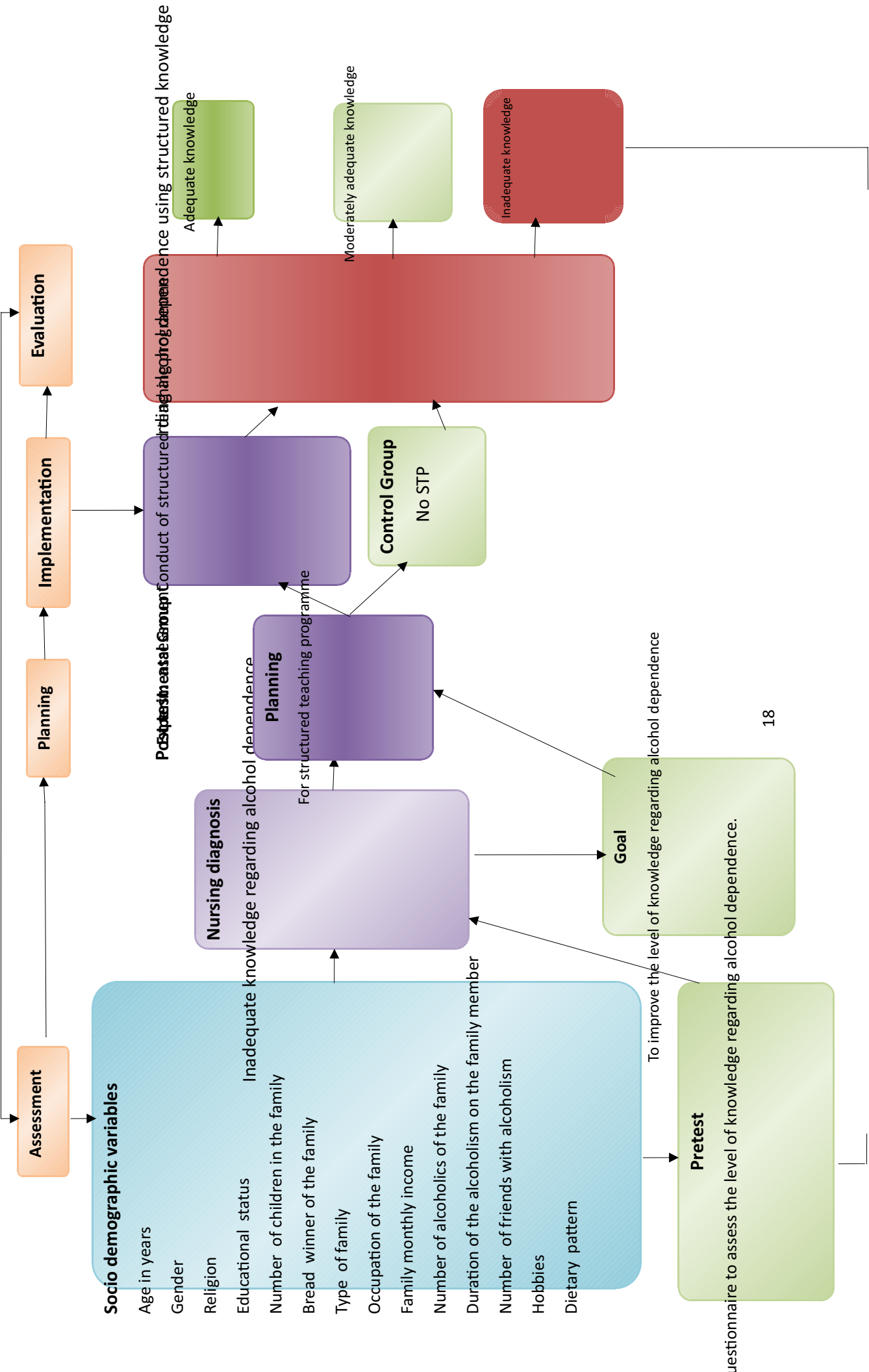
III. IMPLEMENTATION

During this step individual nursing care is given to client according to the plan. Intervention are continually modified as needed or seemed necessary by an ongoing nursing assessment of the clinical response. Screening a structured teaching program on alcohol dependence for experimental group and for control group no activity.

IV. EVALUATION

The nurse determines the client's progress towards meeting the behavioral outcomes and the success of the nursing intervention.

To evaluate the post- test level of knowledge for experimental group and control group based on score key as adequate knowledge, moderately adequate, and inadequate.



CHAPTER II

REVIEW OF LITERATURE

Polit and Beck (2012) states that literature review is a critical summary of research on a topic of interest, often prepared to put a research problem in context. Review of relevant literature serves as an essential background for any research. Critical examination of previous studies will help researcher to formulate and delimit the problem, to minimize the possibility of research, to suggest theoretical framework for the study, to learn from the reported experience of others about its feasibility to critically evaluate the various methods used by others and choose the most appropriate design for the investigation.

THE LITERATURE WAS REVIEWED AND IS PRESENTED UNDER THE FOLLOWING HEADINGS

1. Studies related to prevalence of alcohol dependence among adolescents

2. Studies related to knowledge regarding alcohol dependence and its management among adolescents
3. Studies related to effectiveness of structure teaching programme

STUDIES RELATED TO PREVALENCE OF ALCOHOL DEPENDENCE AMONG ADOLESCENTS

Martin p davoren, et al (2015) conducted a cross-sectional study to heavier alcohol consumption among university students, especially women. The aim of this study is to investigate the prevalence and correlates of hazardous alcohol consumption (HAC) among university students with particular reference to gender and to compare different modes of data collection in this population. The data was collected a large Irish university. A total of 2275 undergraduates completed the classroom survey, 84% of those in class and 51% of those registered for the relevant module. The study using a classroom distributed paper questionnaire and the results in classroom sample, 66.4% (95% CI 64.4 to 68.3) reported HAC (65.2% men and 67.3% women). In women, 57.4% met HAC thresholds for men. Similar patterns of adverse consequences were observed among men and women. Students with a hazardous consumption pattern were more likely to report smoking, illicit drug use and being sexually active. Prevalence of HAC measured using the Alcohol Use Disorders Identification Test for Consumption (AUDIT-C) and the proportion of university students reporting 1 or more of 13 adverse consequences linked to HAC. HAC was defined as an AUDIT-C score of 6 or more among males and 5 or more among females. The findings highlight the high prevalence of HAC among university students relative to the general

population. Public policy measures require review to tackle the short-term and long-term risks to physical, mental and social health and well-being.

Jens christober skogen, et al (2014) conducted a Cross-sectional study of alcohol and drugs are prevalence among adolescents. The aim of the study was to investigate the debut of any alcohol or drug use and alcohol-related and drug-related problems and mental health. The Data stem from the large population-based sample of Norwegian adolescents (N=9203), where all adolescents aged 17–19 years living in Hordaland county (Norway) were invited to participate. The main independent variables were debut of alcohol and drug use, alcohol consumption and the presence of alcohol and drug problems as measured by CRAFFT. Statistical analyses included logistic regression models. Results debut of alcohol and drug use were associated with symptoms of depression, inattention and hyperactivity (crude ORs 1.69–2.38, $p<0.001$), while only debut of drug use was associated with increased symptoms of anxiety (OR=1.33, CI 95% 1.05 to 1.68, $p=0.017$). Alcohol-related and drug-related problems as measured by CRAFFT were associated with all mental health problems (crude ORs 1.68–3.24, $p<0.001$). There was little evidence of any substantial age or gender confounding on the estimated associations between alcohol-related and drug-related measures and mental health problems. They conclude early debut of alcohol and drug use and drug problems is consistently associated with more symptoms of mental health problems, indicating that these factors are an important general indicator of mental health in adolescence.

Medsen AG, Dalsgaard s. et al (2014) conducted a case-control study to test whether adolescents with higher prevalence of smoking and use of alcohol and drugs than a matched control group from the general population carried out in selected schools in Dharan town of Nepal. 219 adolescents aged 13-19 years, including a case group of 117 adolescents with ADHD and a control group of 102 adolescents without ADHD. Participating subjects completed a questionnaire about their use of cigarettes, drugs and alcohol and the self-report version of the Strengths and Difficulties Questionnaire (SDQ). Studies have shown that adolescents with attention-deficit/hyperactivity disorder (ADHD) have an increased risk of alcohol and substance abuse in adulthood. An unequivocal reason for this association has not yet been identified but it has been shown that pharmacological treatment is likely to reduce this risk. The study will also analyze associations between smoking, alcohol and drug use and comorbid psychiatric symptoms. The results in 21% of ADHD propends vs. 16% controls were daily smokers ($P = 0.326$). Among alcohol users, 52% of ADHD propends vs. 70% controls confirmed monthly alcohol intake ($P = 0.014$); 4% of cases compared with 7% of controls used illicit drugs within last month ($P = 0.260$). No significant group differences were found in the prevalence of ever having smoked cigarettes, drinking alcohol or using illicit drugs between adolescents with ADHD and controls. Contrary to expectations, subjects in the control group had a more regular and heavier use of alcohol. However, ADHD patients had a heavier use of cigarettes than controls.

Souza menterio cf et al (2013) conducted a cross- sectional study to identify alcohol use and the associated factors in pregnant adolescents of the

municipality in Benin City. 256 pregnant adolescents and the aged 19- 23 yrs whose data were obtained through questionnaire covering socio-economic, pregnancy and alcohol consumption characteristics and through the application of the alcohol use disorders identification test, an instrument developed by the world health organization for screening for the excessive use of alcohol. Descriptive statistical analysis was performed using chi-square test and odds ratio. The results of the study indicates a prevalence of 32.4% for alcohol use during pregnancy in adolescents and various risk factors involved in this process were identified. These data reflect the need for the use, by nurses, of screening technologies for alcohol consumption during pregnancy and health promotion strategies among groups of adolescent.

Khan s, Blanco c .et al (2013) conducted a national epidemiologic survey on alcohol and related conditions, to estimate the prevalence of alcohol and dependence. The data was collected (N=43,093), and the age group of 18-21yrs in Nigeria. We examined differences in socio-demographic questionnaires, we examined differences in characteristics, medical comorbidities, clinical correlates, and treatment- utilization patterns of men (n=2,974) and women (n=1,807) with life time alcohol dependence. Descriptive statistical analysis was performed using the mean, and standard deviation and odds ratio. This study concluded that gender differences in the psychiatric comorbidities, risk factors, utilization patterns among individuals with life time alcohol dependence.

Ahmed HG et al (2013) conducted a cross-sectional survey to determine the epidemiology of tobacco smoking, toombak dipping and alcohol consumption as risk factors for cancer in the adult population of the northern state of Sudan. The data was collected 207 had responded, and the male female prevalence was 20.8% and 0.73%. Out of 207 respondents, 29.5% had smoked tobacco in their lifetime, 38% were tokomak dippers, while 14% were consumers of alcoholic beverages. The prevalence of toombak dipping was higher than tobacco smoking among the adult population in the northern state of Sudan. Female participation in tobacco and alcohol related study was found to suffer from major obstacles since these habits are considered as social stigma. Appreciation of the full impact of smoking on population health will definitely make a major contribution to improvement of the poor public health situation in Sudan.

Malta de mascarenhas MD, et al (2011) conducted a cross- sectional study to descriptive the prevalence of alcohol and other drugs consumption. The data was collected on the alcohol consumption and habits among adolescents students, aged 13-19 yrs, with conglomerate samples of 60,973,students at freshman year high school in public and private schools in capitals and the Federal District in Brazil. The 95% confidence interval and the prevalence of alcohol and drug consumption were analyzed. For the set of surveyed students, the following were identified: experimenting alcoholic beverages (71.4%; 95%CI 70.8-72.0); regular alcoholic beverage consumption (27.3%; 95%CI 26.7-28.0); drunkenness in lifetime (22.1%; 95%CI 21.6-

22.7). Data were entered directed from the self-report questionnaire. The findings of the study shows the extension of the alcohol and drugs problem among Brazilian adolescents, with special emphasis on the easy access of students to alcoholic beverages at parties, bars, stores, and at home.

Lindsey coombes et al (2009) conducted a cross-sectional survey addressing all adolescents aged 13–19 years, attending secondary or high school in North – Trøndelag County, Norway. 8983 youths (91%) answered the Young-HUNT questionnaire in the 1995–1997 survey. Logistic regression models were used to study associations. The aims of this study were to describe alcohol use among Norwegian teenagers and investigate the associations between mental health problems and alcohol intoxications with focus on age and gender. The students completed a comprehensive self-administered questionnaire in an exam setting during a school hour. Questions on physical and mental health, life style and socio-demographic factors were included. The descriptive part of the analysis, number of alcohol intoxications were divided in three; "no reported intoxication", "one to 10 intoxications" or "more than 10 intoxications". This gave substantial counts in all age and gender groups, and was supposed to discriminate different levels of alcohol involvement and risk. For the binary logistic regression analysis, the data regarding intoxication episodes were dichotomized into one group with 0–10 intoxication episodes, the other group with more than 10 intoxications. Descriptive statistic was derived from contingency tables with use of Pearson Chi-Square tests. In logistic regression models alcohol intoxication was used as dependent variable. Independent variables included were, anxiety/depression, conduct problems and attention problems. To gain other measures of alcohol use the students also were asked to report the

amount of beer, wine or spirit they usually drank during a 2-week period. The data were recalculated to grams of alcohol and then to alcohol units (8 g pr unit). The students drinking above the 70th percentile for this population, 3 or more units in 14 days, was defined high volume drinkers in the age group 13–19 years.

Fidalgo PJ et al (2008) conducted a psychiatric comorbid study, to evaluate the performance of adolescents with different patterns of alcohol use on screening instrument for psychiatric disorders. Forty-one adolescents seeking assistance for alcohol-related problems were compared to a nonclinical sample of 43 adolescents and the age group of 19-25years. These 84 users were divided in self- report questionnaire. Heavy users presented significant higher scores than the other groups. although scientific studies focusing the problem among adolescents are still lacking. Three sub-groups according to pattern of recent alcohol intake. All subjects responded to validated versions of screening scales for mental disorders. Comparison of groups was held through Analysis of variance (ANOVA). Heavy users presented significant higher scores than the other groups ($p < .05$) and half of them presented a psychiatry diagnosis. The same was observed for the CES-D. Using the cut-off, 76.9% of daily-users adolescents were considered depressive. In the Beck Anxiety Inventory the same was observed and 50.0% of those adolescents who drank daily could be considered at risk of presenting anxiety disorders We detected higher prevalences of mental disorders among heavy alcohol users. This reinforces the importance of detailed diagnostic investigation of patients.

Donato. F, Nardi G. et al (1996) conducted a non-randomized control study. The aim ouldy was to prevention of alcohol abuse in first year, and the prevention of tobacco smoking in the second year. The study was carried out among 7th-9th grade school students in a Local Health Unit of the Brescia province, North Italy. Students were enrolled in either the intervention or the control group, based on the participation of their teachers to the educational programme. A total of 428 students were involved in the programme representing the intervention group, and 658 students not involved in the programme formed the control group, using a anonymous questionnaire. The questionnaires have been administered during school time at the beginning and the end of each school year, giving a total of 6 questionnaires, from Q1 to Q6. All the questionnaires included the same questions on alcohol and tobacco use, knowledge and attitudes. Of the 1086 students who attended the 7th grade in the year 1989-90, 428 were enrolled as intervention group and 658 as control group. the results of the study showed: 1. no difference between the 2 groups was found at Q6 as regards the proportion of students who smoked one or more cigarettes a month; 2. the percentages of students planning to smoke in the future were similar in the 2 groups in Q6; 3.the percentage of students with a high score on the health consequences of smoking was higher in the intervention than the control group at Q4, but again no difference between the groups was evident at Q6. In conclusion, the health education programme seemed to be unsuccessful in modifying behaviors and attitudes regarding alcohol and tobacco use during the 3-year follow-up.

Martínez Vizcaíno.V et al (2000) conducted an Observational, crossover study at SanIgnacio Health Centre (Cuenca). to find out the

prevalence of alcoholism among those attending an urban Health Centre and to establish the level of concordance between the CAGE and MALT-O tests in the detection of alcoholism and to assess the effectiveness of the joint use of the above tests. A sample of 499 people of both sexes and over 18 years old was chosen from among the people attending the Centre. Systematic sampling from a random starting-point was used. The person who gave at least two positive answers in both tests was considered an alcoholic. A total of 402 filled-in questionnaires were returned. 27 people were found to have two or more positive items, which mean a 6.7% prevalence of alcoholism (CI 95% = 4.2-9.1). This broke down into a prevalence of 1.33% among women and 13.63% among men ($p < 0.0001$). The prevalence of alcoholism found is greater than in other national studies on the out-patient population, although it continues to be low in comparison with several foreign surveys.

2. STUDIES RELATED TO KNOWLEDGE REGARDING ALCOHOL AND ITS MANAGEMENT AMONG ADOLESCENTS

Vaibhav jani, et al (2014) conducted a pre-experimental design, to describe the knowledge and attitudes towards alcohol among adolescents, non-probability convenience sampling technique was used from 60 adolescents and the age group of 17-22years at Vadodara district. The data was analyzed using descriptive and inferential statistics, The Results overall mean knowledge was found to be more (68.8%) about general information on alcohol than the

knowledge on the effects of alcohol (33.2%). The overall mean attitude was 77.7%. The highest attitude response identified in the aspect of keeping away from alcoholics (92%). A significant association is found between knowledge and type of family. They concluded that from the entire variable only one variable that is domicile significantly associated with pre-test knowledge score hence the hypotheses was partially accepted for these variables.

landfeld cs et al (2013) conducted a survey on 1000 subjects (524 males and 476 females) to know the impact of alcoholism in increasing the anti-social behavior at Kottayam Medical College, Kerala. Through convenient sampling 1000 students selected for the study. By an alcoholism questionnaire, alcohol expectancy was measured. The result showed that 50% of males had consumed alcohol while attempting suicide and 50% of women who attempted suicide were the wives of drunkards. All the subjects were below 35 years of age and 16.8% were students. Majority of the females (62.8%) and 40.5% of males were diagnosed to have severe mental stress and mild depression. It was concluded that severe mental stress and alcoholism are the main causative factors for increased suicidal tendencies.

Chueh KH et al (2013) conducted a cross-sectional survey gathered data on substance abuse-related knowledge and attitudes and self-confidence to resist substance use from 243 second-year senior high school students

studying at two schools in northern Taiwan. Participants were most knowledgeable about tobacco (80.2%), followed by alcohol (72.0%), ecstasy (56.0%), and marijuana (30.0%). Only 19.3% demonstrated an understanding of the harmful effects of using Ketamine. A 10-point Likert scale measured sampling substance use attitudes. Alcohol was the substance participants were most willing to use (2.18 ± 3.27), followed by tobacco (0.66 ± 2.19). The study results will be used in ongoing research may be used directly by school nurses and military nurses. The Level of harmful effects knowledge and attitudes toward use varied among the various substances considered in this paper. Being female, having strong knowledge about the substance, and negative attitude toward substance use correlated with higher levels of self-confidence to resist substance use. Study results will be used in ongoing research designed to establish an empirical basis for adolescent substance use prevention and research, the results of which may be used directly by school nurses and military training education nurses.

Acosta et al (2010) conducted a quasi-experimental study. Total of 545 Spanish university students from the University of Valladolid, were surveyed in about their alcohol use, knowledge of the effects of alcohol, and attitudes towards social drinking and towards alcoholism and alcoholics. The knowledge regarding alcohol (mean scores 7.7 ± 0.1 , ranging 1-15) was associated with academic aspects: it was higher among medicine and nursing students and increased according to the length of stay at university. The attitudes both towards social drinking (mean scores 0.6 ± 0.1 , ranging -9 to 9) and towards alcoholism and the alcoholics (mean scores 3.0 ± 0.1 , ranging -6 to 9), were related to alcohol consumption: those students self-reported as "heavy" and "moderate" drinkers, and those with alcohol intake over 40 g/day,

had a more favorable attitude. The results suggest a need for education on alcohol.

Rev Lat AM et al (2010) a study on nursing student's knowledge about alcohol and drugs. A descriptive-exploratory design was used, with a sample of 44 students, by applying a semi-structured questionnaire, constructed by the researchers based on the objectives, with open and closed questions, totaling 24 points. Ethical procedures were followed and data were submitted to exploratory descriptive analysis. It was shown that students' knowledge is still limited, comprehension about a patient's reason for using and becoming addicted is incomplete and the interest is current.

Zhang et al (2009) conducted a quasi-experimental study was in Bangalore among pre-university students on knowledge and effect related to alcoholism. The sample selected for the study includes 50 and the age group of 18-21 yrs of pre-University students and simple random sampling method was used. The data was collected by using structured questionnaire. Results showed the overall mean knowledge was found to be more (68.8%) about general information on alcohol than the knowledge on the effects of alcohol (33.2%). The overall mean attitude was 77.7%. The highest attitude response identified in the aspect of keeping away from alcoholics (92%). A significant association is found between knowledge and type of family. Interpretation and Conclusion Overall findings showed that, respondents knowledge about effect of alcohol is inadequate (33.2%), although the respondents overall attitude

towards effect of alcohol is found to be favorable (77.7%). So enhancement in knowledge aspect is required.

Park.m.k et al (2004) conducted a study about knowledge and attitudes towards alcohol use and alcohol dependence among high school students from Holon. 509 samples were taken in that 259 pupils attended a vocational high school and 253 attended an academic high school. 40% of the pupils attending the academic school reported that they had drunk beer between 1 to 9 times during the last 2 months. In comparison with 72% of the vocational pupils, 42% of the academic pupils and 47% of the vocational pupils drank other alcoholic beverages (such as hard liquor, cognac, whisky or vodka) between 1 to 9 times during the last 2 months. Boys drank alcohol more frequently than girls did. An earlier mean age of beer consumption was found among pupils in the vocational schools—12.8 years; as opposed to pupils in the academic school—13.4 years. Among the three leading reasons for drinking in the two schools were helping foster a sense of belonging, wish to feel like an adult and desire to forget daily anxieties and conflicts.

3. STUDIES RELATED TO EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME

G. Hussein R, Salman Rawafec et al (2007) conducted a study to assess the educational interventions and evaluation programs in alcohol and drug with undergraduate nursing students in the United Kingdom and this study intends to add a body of knowledge to this area. The aim of the study was to assess the intervention confidence skills of undergraduate nursing students before and after an educational intervention on alcohol and drug misuse. The research study is a quasi-experimental, pre- and post-test design. The samples are made of four cohorts of undergraduate nursing students ($n = 110$) enrolled at a course leading to a diploma or B.sc in nursing from three educational institutions. A visual analogue scale was used to measure intervention confidence skills before and after the educational program in alcohol and drug. The findings showed an improvement in the level of intervention confidence skills of undergraduate nursing students. Further research is needed to examine effectiveness of educational interventions in working with substance misusers and whether substance misuse education is the key predictor of changing in changing intervention confidence skills.

Bohrn K, Galanti MR et al (2007) conducted an EV-DAP study is a multi-center cluster randomized community designed to evaluate such a programme to this paper presents design and baseline characteristics of the study population. The data was collected 170 schools from 9 centers from seven countries (Austria, Belgium, Germany, Greece, Italy, Spain, Sweden), stratified according to average social status in the catchment area, were randomized to either three variants of the active intervention (basic curriculum, basic with peer involvement, and basic with parent involvement) or to a control group. The program under evaluation is based on a comprehensive social influence approach, and was delivered to a population of 12- to 14-year-old students attending junior high school. An anonymous

questionnaire administered before and after the intervention was used to track behavioral and attitudinal changes. The results in all, we included in the study 143 schools and 7079 students, of which 3547 in the intervention groups and 3532 in the control group. At baseline, 34.9% of students had smoked cigarettes, 24.7% had been drunk, and 8.9% had used cannabis at least once in life. They concluded that EU-Dap are the first European multicenter randomized study to evaluate the effectiveness of a school program targeting tobacco, alcohol and drug use. The baseline assessment showed high prevalence and wide geographical variations of substance use.

Gendy lio et al (2009) conducted an experimental study with pretest - posttest control group design was carried out in four selected schools with similar settings in the population of 2,264 adolescents. The aim of the study was to find out the effectiveness of structured teaching program in improving knowledge and attitude of school going adolescents on alcohol consumption. The subjects were divided into two groups: experimental and control, each comprising of two subgroups of 1,231 boys and 1,033 girls. As a tool of investigation for the experimental group, whereas conventional teaching method was used for the control group. A total of 2,264 Adolescent school students were included in this study. The mean (+/-SD) pretest score of the experimental group on knowledge of alcohol consumption was 59.2 (+/- 69.3) and of the control group was 39.47(+/- 0.08). The same of experimental group after administration of the structured teaching program (84.60+/-10.60) and of the control group with conventional teaching method (43.93+/-10.08) was statistically significant ($p<0.001$). Similarly, the post-test scores of knowledge of the groups on responsible sexual behavior and their attitude towards alcohol consumption were better in the experimental group than in the control group ($p<0.001$). They concluded the knowledge of adolescent school students on

reproductive health is inadequate. The use of structured teaching program is effective in improving knowledge and attitude of the adolescents on reproductive health.

M.Dolores cimini et al (2005) conducted a study to assess the effectiveness of interactive alcohol education program with students engaging in high risk drinking. The samples were 685 undergraduate students from a large, The majority of the sample were male (62.2%) and white (82.6%), with other racial backgrounds as follows: 4.4% Asian/Asian American, 3.5% multiracial, 2.6% black/African-American, The majority of students were either freshman (48.8%) or sophomores (36.4%), followed by juniors (13.3%) and seniors (1.6%). Almost all students (97.1%) lived in on-campus residence halls. Effect sizes were small for the alcohol-use measures, and average differences were only slightly more than one drink (11.33 vs 10.20) for peak drinking and two drinks (19.02 vs 16.87) for drinks per week. There were no statistically significant overall pre-post effects or treatment effects. However, exploratory analyses indicated that decreases in perceived norms and increases in use of protective behavioral strategies were associated with reductions in alcohol use and alcohol-related problems at follow-up ($p < .01$).

Dhital AD Badhu BP et al(2005) conducted an experimental study with pre-test, post-test control group design was carried out in four selected schools with similar settings in Dharan town of Nepal. To find out the effectiveness of structured teaching programme in improving knowledge and attitudes of school going adolescents on alcoholism. The subjects divided into two groups; experimental and control group, each comprising of two

subgroups of 50 boys and 50 girls. Structured teaching program consisting of information on alcoholism was used as a tool of investigation for the experimental group, whereas conventional teaching method was used for the control group. A total of 200 adolescents school student were included in this study. The mean and standard deviation pre-test score of the experimental group on knowledge of alcoholism was 39.83 and of the control group was 39.47. The results showed that the knowledge of adolescents school students on alcoholism is inadequate. The use of structured teaching program is effective in improving knowledge and attitude of the adolescents.

Paul lissa, Remya KR et al (2000) conducted a quantitative design, to study the effectiveness of a structured programme on the knowledge and attitudes of towards alcoholism among adolescents, approximately 30 % of Indians population was aged 10-24 years, that increased to 53%. The data were collected using a structured teaching programme conducted in school among 100 higher secondary school students at Thrissur. The technics was selected by convenient sampling. The findings revealed that adolescents had inadequate knowledge as evidenced by only 6% of adolescents had good knowledge regarding alcoholism while 76% had unfavorable in while 51% had moderately favorable and only 28% had unfavorable attitudes. The structured teaching was found be effective in increasing the knowledge and creating a attitude towards alcoholism among adolescents.

Donato F, nardi G et al (1998) conducted a non-randomized control study. The aim of study was to prevention of alcohol consumption in the first year and the second year students carried out among 7th and 9th grade school

students in alcohol health unit of the Brazia, north Italy. The students were enrolled in either the intervention or the control group, based on the participation of their teachers to the educational programme. A total of 428 students were involved in the programme representing the intervention group, and 658 students not involved in the programme formed the control group using a anonymous questionnaires. All the questions included the same questions on alcohol and tobacco use. The simple randomized techniques was used to the students who attended the 7th grade, 428 were enrolled as intervention group and 658 as control group. The findings were observed no difference was found in the percentage of students drinking at least one glass of wine or beer daily between the 2 groups, no substantial changes in the percentage of students were of the health risks of alcohol consumption was observed.

CHAPTER-III

METHODOLOGY

According to Pilot and Beck (2012) research methods are the techniques used by researchers to structure a study and to gather and analyze information relevant to research question.

Research methodology involves the systematic procedure by which investigator starts from the initial identification of the problem to its final conclusion. Methodology is a significant part of any study which enables the researcher to project the research undertaken.

This chapter deals with research approach, research design, setting , population, sample and sample size, sampling technique, sample selection criteria, description of the tool, scoring, validity of the tool, reliability of the tool, pilot study, data collection procedure, plan of data analysis and ethical consideration.

RESEARCH APPROACH

According to **Suresh .k. Sharma** (2011) the research approach involves the description of the plan to investigate the phenomenon under study in a quantitative, qualitative or a combination of the two methods. Furthermore, it helps to decide whether the presence or absence as well as manipulation and control over variables. Also, it helps to identify the presence or absence of and comparison between groups.

The present study is an evaluative research approach. Evaluative research study is an applied form of research design in which the judgment is made on how well a specific practice or program is working. It is used to determine the effectiveness of processes or equipment used in a particular setting.

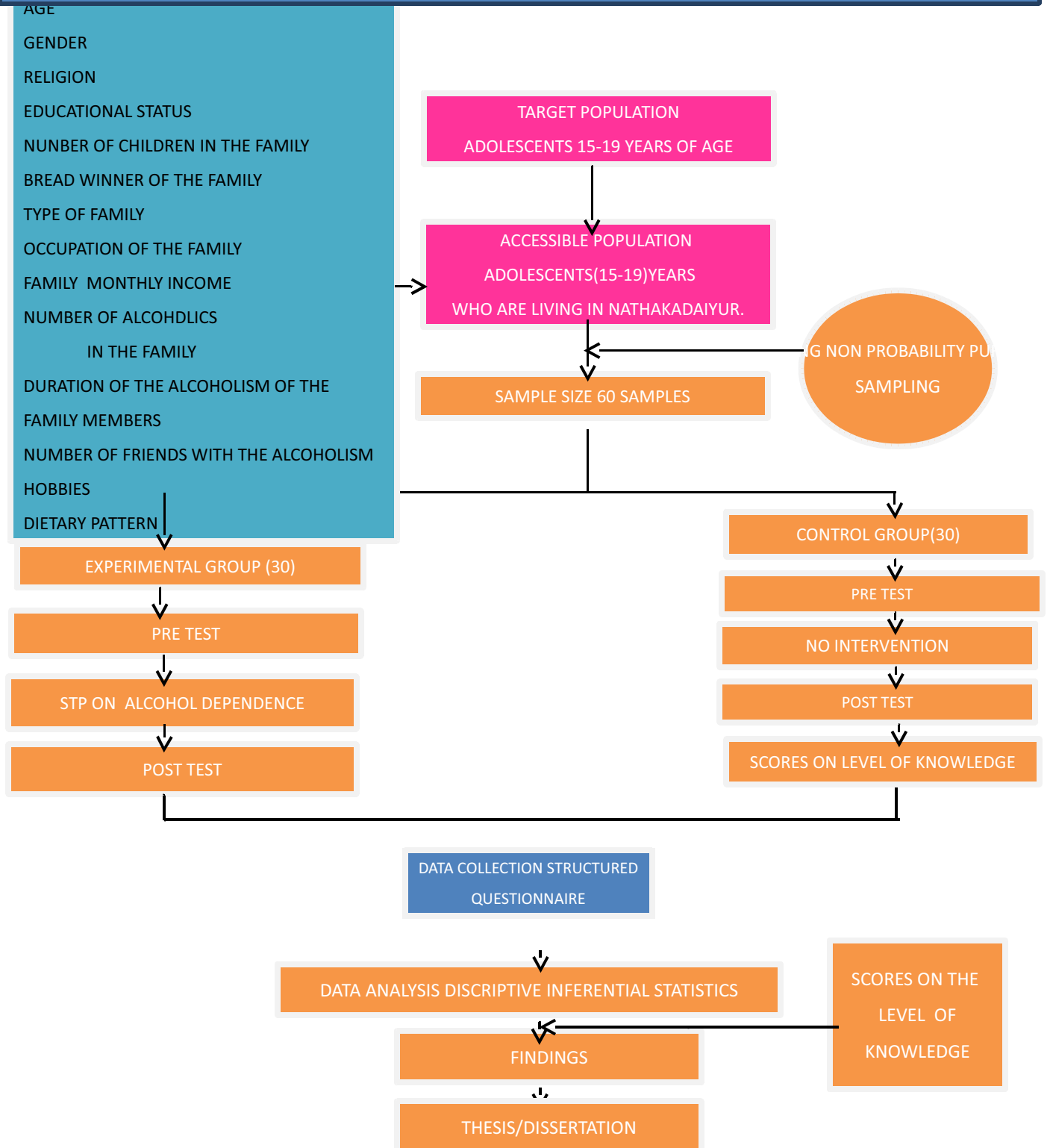
The definitive aim of the present study is to evaluate the effectiveness of structured teaching program on the level of knowledge on regarding alcohol dependence among adolescents.

RESEARCH DESIGN

According to **Polit and Beck** (2012) the research design is the overall plan for obtaining answers to the questions being studied and for handling some of the difficulties encountered during the research process.

The research design selected for the present study was a quasi-experimental pre and post-test design to evaluate the effectiveness of structured teaching program on level of knowledge regarding alcohol dependence among adolescents. There were two groups, experimental and control group.

SCHEMATIC PRESENTATION ON RESEARCH DESIGN



NOTATION

Group	Pre-test	Intervention	Post-test
Experimental group	O ₁	X	O ₂
Control group	O ₁	-	O ₂

A symbol used in study;

O₁: pre-test level of knowledge.

X: structured teaching program the level of knowledge regarding alcohol dependence.

O₂: post-test level of knowledge.

VARIABLES

According to **Suresh k Sharma (2011)** variables are qualities, quantities, properties, or characteristics of people, things, or situations that change or vary.

THE CATEGORIES OF VARIABLES DISCUSSED IN THE STUDY WERE

INDEPENDENT VARIABLE

Variable causing changes is referred to independent variable. It is the intervention or treatment that the investigator performs to see the resulting changes in the dependent variable.

Independent variable in this study is the structured teaching program on alcohol dependence. It is a systemic structured teaching given by the investigator for 45 minutes with the help of handouts, pictures, pamphlet, charts, roller board, regarding alcohol dependence.

DEPENDENT VARIABLE

It is the focus of the study and reflects the empirical aspects of the concepts beings studied.

Dependent variable in this study is the level of knowledge regarding alcohol dependence among adolescents.

EXTRANEOUS VARIABLES

Extraneous variables are the factors which are not the part of the study but may affect the measurement of the study variables.

Age, gender, religion, educational status, occupation of the family, number of children in the family, bread winner of the family, type of family, family monthly income, number of alcoholics in the family, duration of alcoholism of the family member, number of friends with alcoholism, hobbies, and dietary pattern, regarding alcohol dependence.

SETTING

According to **Polit and Beck** (2012) setting is the more specific places where data collection occurs. The selection of setting was done on the basis of feasibility of conducting the study, availability of subjects and cooperation of the authorities. The data was collected in 60 adolescents between the age group of 15-19years, who are living in selected village in which 30 were in experimental group and 30 were in control group. The setting for the present study was selected area in Nathakadaiyur at Tirupur (dt).

POPULATION

Population consists of the entire set of individual events, place, or objects that possess the specific characteristics or attributes being studied it also refer to the aggregate or totality of all the subjects.

TARGET POPULATION

Target population is the aggregate of cases about whom the investigator would like to make generalization. In this study the target population comprised of the adolescents in the age group of 15-19years.

ACCESSIBLE POPULATION

Accessible population is the aggregate of cases that confirm to the designed criteria and which is accessible to the investigator as a part of subject for conducting the study. The accessible population selected for this study was adolescents who are living in Nathakadaiyur at Tirupur (dt).

SAMPLE AND SAMPLE SIZE

The sample is defined as representative unit of a target population, which is to be worked upon by researchers during their study. In other words, sample consists of a subset of units which comprise the population selected by investigators or researchers to participate in their research projects.

The sample size was determined arbitrarily by the type of the study, variables being studied, feasibility of time, money, and material.

In this study, the sample size was arbitrarily decided to be 60 adolescents of selected village in which 30 were in experimental group and 30 were in control group.

SAMPLING TECHNIQUE

Sampling is the process of selecting a portion of the population to represent the entire population.

In this study the investigator selected the samples by using Non probability purposive sampling technique.

SAMPLE SELECTION CRITERIA

The study samples were selected using the following criteria;

INCLUSION CRITERIA

ADOLESCENTS

Who are available at the time of data collection.

Who are willing to participate in the study.

Who know to read and write Tamil.

EXCLUSION CRITERIA

ADOLESCENTS

Who are sick at the time of data collection

Who have already undergone teaching program regarding alcohol dependence

DEVELOPMENT OF TOOL

The investigator developed a structured knowledge questionnaire as tool for present study after exploring all sources of information like extensive library search, internet sources and consultation with experts. The experts were requested to check for the relevance, sequence and clarity of the tool. Modifications were done according to experts opinion and the final tool was developed. The tool was translated into Tamil and again it was translated in to English, thereby, the language validity was ascertained. In the present study the reliability of the structured questionnaire was established by test- retest method, among 10 adolescents. Reliability coefficient was $r = 0.92$ and the tool were found to be reliable for the study.

DESCRIPTION OF THE TOOL

The tool used for the research study was structured knowledge questionnaire regarding alcohol dependence, and the tool consists of two parts.

Part I: demographic variables data

Part II: Structured questionnaire

PART I

Demographic variables data of adolescents consists of 14 questions seeking information on the back ground data of adolescent boys. The items include age, gender, religion, educational status, number of children in the family, bread winner of the family, type of family, occupation, family income, number of alcoholics in the family, duration of the alcoholism of the family member, number of friends with alcoholism, hobbies, and dietary pattern regarding alcohol dependence.

PART II

Structured questionnaire for assessing the level of knowledge regarding alcohol dependence among adolescents.

It contains 30 items; each correct answer carries 1 mark. The highest possible score is 30. The lowest score is 0.

SCORING PROCEDURE

➤ Maximum score – 30

➤ Minimum score – 0

Score	Percentage (%)	Level of knowledge
0-10	0-50%	In adequate knowledge
10-20	50-75%	moderately adequate knowledge
20-30	>75%	adequate knowledge

VALIDITY OF THE TOOL

Six experts including two psychiatrists, one visual engineer, and three nursing experts validated the tool for its content. The experts were requested to check for the relevance, sequence, and clarity of the tool. Modifications were done according to experts opinion and the final tool was developed. The tool was translated into Tamil and again it was retranslated into English, there by the language validity was ascertained.

RELIABILITY OF THE TOOL

In the present study the reliability of the structured questionnaire for experimental group and control group was established by test- retest method, among 10 adolescents. Reliability co efficient was $r = 0.92$ and the tool were found to be reliable for the study.

PILOT STUDY

The pilot study was conducted in Palayakottai at Tirupur District. It was conducted only after the tool presentation and approval of college of nursing faculty and dissertation committee. Validity and reliability of the instrument were tested during this time. The pilot study was done to obtain information to improve the project and to assess its feasibility. The pilot study was conducted among 10 adolescents, 5 adolescents in control group and 5 adolescents in experimental group who fulfilled the sample criteria for sample selection and those adolescents were excluded from the main study. Pre- test, structured teaching program and post- test was done and feasibility of the study was established. It also helped to select suitable statistical method.

STRUCTURED TEACHING PROGRAM

Recorded the content related to alcohol dependence. The content of the CD was validated by the experts and by visual communication engineer for the clarity and accuracy of the visual.

DATA COLLECTION METHOD

The present study was conducted Arujuna nagar in Nathakadaiyur at Tirupur (dt). The data were collected for 4 weeks in month of June 2015. Permission was sought and obtained from authorities of the village. The study samples were selected by Non probability purposive sampling technique based on sample selection criteria. The study purpose and method were explained to the selected sample. Informed consent was obtained from the study participants for participating in the study. The sample size was 60 adolescents.

Pre- test was conducted for 30 adolescents in experimental group, 30 adolescents in control group. Background data and level of knowledge were

collected by using structured teaching questionnaire (multiple choice questions) to assess the level of knowledge regarding alcohol dependence among adolescents .After pre-test adolescents in the experimental group attended the structured teaching program. Post-test score was assessed with the same questionnaire 10 days after the structured teaching program for experimental group.

PLAN FOR DATA ANALYSIS

The data collected from subject were edited, complied, and analyzed by using SPSS version 13. The probability level of $P < 0.05$ was used as the level of significance. The data were analyzed as follows

1. Demographic variables data obtained from the samples were organized and summarized with the help of descriptive statistics like frequency, mean, percentage distribution, standard deviation.
2. Comparing the pre-test and post-test knowledge scores of experimental group adolescents by using paired t' test.

3. Data on effectiveness of structured teaching program on alcohol dependence among experimental group and control group with the use of unpaired t' test.
4. Data on identifying the association between the pre-test knowledge with selected demographic variables data of experimental group were analyzed using descriptive and chi-square test.

ETHICAL CONSIDERATION

For the present study, the investigator took into consideration of the ethical values. The study was accepted by the research and ethical committee. Prior permission was obtained in Nathakadaiyur at Tirupur (dt). Explanation regarding the purpose of the study was done and informed consent was obtained from the study participant's for participating in the study. The study participants had the right to discontinue from the study at any time. No physical harm was done.

CHAPTER-IV

ANALYSIS AND INTERPRETATION

The analysis and interpretation of data of this study were based on the data collected by structured questionnaire method. The results were computed using descriptive and inferential statistics. The data were entered into excel sheet and analyzed using SPSS 13 version. The probability value of $p < 0.05$ was considered to be significant.

THE OBJECTIVES OF THE STUDY WERE

1. To assess the pre-test and post- test level of knowledge regarding alcohol dependence among adolescents in experimental and control group.
2. To assess the effectiveness of structured teaching program on the level of knowledge regarding alcohol dependence among adolescents in experimental group.
3. To find the association between post-test level of knowledge regarding alcohol dependence among adolescents with their selected demographic variables.

HYPOTHESES

H1: There is a significant difference between the pre-test and post-test level of knowledge regarding alcohol dependence among adolescents in experimental group.

H2: There is a significant difference in the post test level of knowledge regarding alcohol dependence among adolescents between experimental and control group.

H3: There is a significant association between the post-test levels of knowledge regarding alcohol dependence among adolescents with their demographic variables.

PLAN FOR DATA ANALYSIS

The data collected were edited, tabulated, analyzed, and interpreted, a findings obtained were presented in the form of tables, and diagrams under the following sections

SECTION – I

Data on demographic variables of alcohol dependence among adolescents in experimental group, and control group.

SECTION – II

Data on effectiveness of structured teaching programme the level of knowledge regarding experimental group and control group.

SECTION – III

Data on effectiveness of structured teaching program on alcohol dependence among the adolescents in control group and experimental group with the use of unpaired test.

SECTION –IV

Data on the association between the post test knowledge with the selected demographic variables of adolescents in experimental group were analyzed using chi- square test.

SECTION I: DATA ON DEMOGRAPHIC VARIABLES OFALCOHOL DEPENDENCEAMONG ADOLESCENTS IN EXPERIMENTAL GROUP AND CONTROL GROUP

TABLE – 1

**FREQUENCY, PERCENTAGE OF ADOLESCENTS TO
DEMOGRAPHIC VARIABLES IN EXPERIMENTAL AND CONTROL
GROUP**

S.N O	DEMOGRAPHIC VARIABLES	EXPERIMENTAL GROUP		CONTROL GROUP	
		F	%	F	%
1	Age in Years				
	a) 15 to 16 years	9	30%	4	13%
	b) 16 to 17 Years	7	23%	3	10%
	c) 17 to 18 Years	8	27%	13	43%
	d) 18 to 19 Years	6	20%	10	33%
2	Gender				
	a) Male	17	57%	14	47%
	b) Female	13	43%	16	53%
	c) Transgender	0	0%	0	0%
3	Religion				
	a) Hindu	15	50%	10	33%
	b) Muslims	5	17%	12	40%
	c) Christian	10	33%	8	27%
	d) others	0	0%	0	0%
4	Educational Status				
	a) Illiterate	3	10%	2	7%
	b) Primary Education	6	20%	5	17%
	c) Secondary Education	7	23%	10	33%
	d) Higher Secondary Education	6	20%	8	27%
	e) Degree holders	8	27%	5	17%

5	Number of children in the family				
	a) one Children	14	47%	12	40%
	b) Two Children's	12	40%	16	53%
	c) More than Two children's	4	13%	2	7%
6	Bread winner of the family				
	a) father	13	43%	9	30%
	b) mother	8	27%	7	23%
	c) Both	9	30%	14	47%
	d) Others	0	0%	0	0%
7	Type of the family				
	a) Nuclear Family	19	63%	11	37%
	b) Joint Family	8	27%	17	57%
	c) Extended Family	3	10%	2	7%
8	Occupation of the Family				
	a) Unemployed	9	30%	4	10%
	b) Self Employed	10	33%	7	33%
	c) Daily Wages	5	17%	12	20%
	d) Private Employee	6	20%	7	37%
9	Family monthly Income				
	a) Rs. < 5000	7	23%	4	13%
	b) Rs. 5000 to 1000	14	47%	7	23%
	c) Rs. 10000 to 15000	3	10%	12	40%
	d) Above Rs. 15000	6	20%	7	23%
10	Number of Alcoholics in the family				
	a) One Member	19	63%	9	30%

	b) Two Members	5	17%	14	47%
	c) More than Two Members	6	20%	7	23%
11	Duration of the Alcoholism in the family members				
	a) < 2 Years	7	23%	13	43%
	b) 2 to 5 Years	13	43%	5	17%
	c) 5 to 10 Years	6	20%	7	23%
	d) < 10 Years	4	13%	5	17%
12	Number of friends with alcoholism				
	a) None	10	33%	11	37%
	b) 1	8	27%	7	23%
	c) 2	8	27%	5	17%
	c) > 2	4	13%	7	23%
13	Hobbies				
	a) Reading Books (or) Newspaper	8	27%	4	13%
	b) Watching T V	9	30%	7	23%
	c) Chatting with friends	7	23%	11	37%
	d) Playing	4	13%	8	27%
	e) others	2	7%	0	0%
14	Dietary Pattern				
	a) Vegetarian	11	37%	2	7%
	b) Non-Vegetarian	8	27%	9	30%
	d) Mixed	11	37%	19	63%

Table 1: shows the frequency, percentage of alcohol dependence among adolescents according to demographic variables in experimental and control group.

Regarding age in years in experimental group majority 9(30%) were between 15-16 years, 8(27%) were between 17-18 years, 7(23%) were between 16-17 years, and the least 6(20%) were between 18-19 years. Among control group majority 13(43%) were between 17-18 years of age, 10(33%) were between 18-19 years of age, 4(13%) were between 15-16 years and the least 3(10 %) were between 16-17 years of age.

Regarding gender in experimental group majority 17(57%) were males, 13(43%) were females. Among control group 16(53%) were females, 14 (47%) were males.

Regarding religion in experimental group majority 15(50 %) were Hindus, 10(33%) were Christians and the least 5(17%) were Muslims. Among control group majority 12(40 %) were Muslims, 10(33%) were Hindus and the least 8(27%) were in Christians.

Regarding educational status in experimental group majority 8(27%) were degree holders, 7(23%) had secondary education, 6(20%) had primary and higher secondary education and least 3(10%) had illiterates. Among control group majority 10(33%) had secondary education, 8(27%) had higher secondary education, 5(17%) had primary education and degree holder, and the least 2(7%) were illiterates.

Regarding number of children in experimental group majority 14(47%) were having one children, 12(40%) were having two children, and the least 4(13%) were having more than two children. Among control group majority 16(53%) were having two children, 12(40%) had one children, and the least 2(7%) had more than two children.

Regarding bread winner of the family in experimental group majority 13(43%) were father 8(27%) were mother, and the least 9(30%) were in both side. Among control group 14(47%) were in both bread winner, 9 (30%) were in father, and the least 7 (23%) were in mother.

Regarding type of family in experimental group majority 19(63%) were living nuclear family, 8(27%) were living joint family, and the least 3(10%) were living extended family. Among control group majority 17(57%) were living joint family, 11(37%) were nuclear family, and the least 2(7%) were living extended family.

Regarding occupation of the family in experimental group majority 10(33%) were Self -employed, 9 (30%) were unemployed, 6(20%) were private employees and the least 5(17%) were daily wages. Among control group majority 11(37%) were daily wages, 10(33%) were self employee, 6(20%) were daily wages and the least 3(10%) were unemployed.

Regarding family income in experimental group majority 14(47%) of their income was between Rs 5000 – 10000, 7(23%) of their income was below Rs.5000, 6(20%) of their income was above Rs15000 and the least 3(15%) of their income was between Rs 10000- Rs 15000. Among control group majority 12(40%) of their income was between Rs 10000-15000, 7(23%) of their income was between Rs 5000 – 10000, Rs 15000, and above the least 4(13%) of their income was below Rs.5000.

Regarding number of alcoholics in the family in experimental group majority 19(63%) were one member, 6(20%) were more than two members, and the least 5(17%) were two members. Among control group 14(47%) were two members, 9(30%) were one members and the least 7(23%) were more than two members.

Regarding duration of the alcoholism in the family members in experimental group majority 13(43%) were 2-5 years, 7(23%) were more than two years, 6(20%) were 5-10 years, and the least 4(13%) were more than 10 years. Among control group 13(43%) were more than 2 years, 7(23%) were 5-10 years, and the least 5(17%) were 2-5 years and more than 10 years.

Regarding number of friends with alcoholism in experimental group majority 10(33%) were having none of friends with alcoholism, 6(27%) were having one and two friends with alcoholism, and the least 4(13%) were having more than two friends with alcoholism. Among control group majority 11(37%) were having none of friends with alcoholism, 7(23%) were having one and more than two friends with alcoholism, and the least 5(17%) were having two friends with alcoholism.

Regarding hobbies in experimental group majority 9(30%) were reading books or news paper, 8(27%) were watching TV, 7(23%) were chatting with friends, 4(13%) were playing, and the least 2(7%) were having other hobbies. Among control group majority 11(37%) were chatting with friends, 8(27%) were playing, 7(23%) were watching TV, and the least 4(13%) were reading books or news paper.

Regarding dietary pattern in experimental group majority 11(37%) were vegetarians, and mixed food, and the least 8(27%) were non vegetarians. Among control group 19(63%) were consuming mixed diet, 9(30%) were non vegetarians, and the least 2(7%) were vegetarians.

SECTION II: DATA ON PRE TEST, POST TEST LEVEL OF KNOWLEDGE REGARDING ALCOHOL DEPENDENCE AMONG ADOLESCENTS IN EXPERIMENTAL GROUP.

TABLE: 2

MEAN, RANGE, STANDARD DEVIATION, MEAN PERCENTAGE, MEAN DIFFERENCE, 'T' VALUE TO PRE TEST AND POST TEST LEVEL OF KNOWLEDGE SCORE OF CONTROL GROUP AND EXPERIMENTAL GROUP.

Group	Mean		SD		Mean %		Range	Mean difference	“t” value
	Pre test	Post test	Pre test	Post test	Pre test	Post test			
Experimental group	19.01	29.61	6.26	2.59	17.61	52.6	18.40	16.34	14.96 P<0.05 S
Control group	9.2	11.2	4.96	3.46	15.21	36.26	15.39		

Table-2 Shows the mean, range, standard deviation, mean percentage, mean difference, 't' value to pre- test and post -test level of knowledge score of control group and experimental group.

In Pre test in experimental group, the obtained over all mean score was 19.01, standard deviation was 6.26, mean percentage was 17.61 and in control group the obtained over all mean score was 9.2, standard deviation was 4.96, and mean percentage was 15.21.

In Post test in experimental group, the obtained over all mean score was 29.61, standard deviation was 2.59, mean percentage was 52.6 and in control group the obtained over all mean score was 11.2, standard deviation was 3.46, mean percentage was 36.26. The obtained post test mean score in experimental group score was higher than the control group score.

It was inferred that the mean post test score of experimental group was level the mean post test score of control group.

SECTION III: DATA ON EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING ALCOHOL DEPENDENCE AMONG ADOLESCENTS IN EXPERIMENTAL GROUP.

TABLE: 3

MEAN, RANGE, STANDARD DEVIATION (SD), MEAN PERCENTAGE, MEAN DIFFERENCE, ' t ' VALUE IN PRE TEST AND POST TEST LEVEL OF KNOWLEDGE REGARDING ALCOHOL DEPENDENCE AMONG ADOLESCENTS IN EXPERIMENTAL GROUP.

Level of knowledge	Mean	SD	Mean %	Range	Mean difference	“t” value
Pre test	19.01	6.26	17.61	18.40	34.99	14.49
Post test	29.61	2.59	52.6	15.39		P<0.05 S

Table-3: shows mean, range, standard deviation (SD), mean percentage, mean difference, t’ value of pre- test and post- test level of knowledge regarding alcohol dependence among adolescents in experimental group.

The obtained overall pre test mean score was 19.01, standard deviations SD was 6.26; and mean percentage was 17.61 and the overall Post test mean score was 29.62, standard deviation was 2.59, and the mean percentage was 52.6. The mean difference was 34.99. The obtained ‘t’ value was 14.49 which was significant at $p < 0.05$. It was inferred that post test knowledge score was increased after the structured teaching programme in experimental group, it was found to be effective.

**SECTION IV: DATA ON ASSOCIATION BETWEEN POST TEST
LEVEL OF KNOWLEDGE REGARDING SELECTED DEMOGRAPHIC
VARIABLES OF ALCOHOL DEPENDENCE AMONG ADOLESCENTS
IN EXPERIMENTAL GROUP**

TABLE-4

**SHOWS ASSOCIATION OF SELECTED DEMOGRAPHIC
VARIABLES WITH POST TEST KNOWLEDGE SCORES
REGARDING ALCOHOL DEPENDENCE AMONG ADOLESCENTS IN
EXPERIMENTAL GROUP**

Demographic Variable	POST – TEST LEVEL OF KNOWLEDGE			
	Inadequate knowledge	Moderately adequate knowledge	Adequate knowledge	Chi square Value

Age in Years				
a) 15 to 16 years		2	6	$\chi^2=1.09$ NS
b) 16 to 17 Years		3	6	
c) 17 to 18 Years		2	4	
d) 18 to 19 Years		3	4	
Gender				
a) Male		5	10	$\chi^2=0.96$ NS
b) Female		6	9	
c) Transgender		0	0	
Religion				
a) Hindu		8	7	$\chi^2=3.42$ NS
b) Muslims		2	3	
c) Christian		5	5	
d) others				
Educational Status				
a) Illiterate		3	0	$\chi^2=1.34$ NS
b)Primary Education		3	3	
c)Secondary Education		3	4	
d)Higher Secondary Education		3	3	
e) Degree holders		3	5	
Number of children in the family				
a) one Children		4	10	$\chi^2=0.05$ NS
b) Two Children's		2	10	
c) More than Two children's		2	2	

Bread winner of the family				
a) father		3	10	$\chi^2=1.26$
b) mother		3	5	NS
c) Both		4	5	
d) Others		0	0	
Type of the family				
a) Nuclear Family		4	15	$\chi^2=1.56$
b) Joint Family		2	6	NS
c) Extended Family		1	2	
Occupation of the Family				
a) Unemployed		4	5	
b) Self Employed		5	5	$\chi^2=1.34$
c) Daily Wages		3	2	NS
d) Private Employee		2	4	
Family Income				
a) Rs. < 5000		2	5	$\chi^2=2.44$
b) Rs. 5000 to 1000		4	10	NS
c) Rs. 10000 to 15000		2	1	
d) Above Rs. 15000		2	4	
Number of				

Alcoholics in the family				
a) One Member		4	15	$\chi^2=1.002$
b) Two Members		1	4	NS
c) More than Two Members		1	5	
Duration of the Alcoholism in the family members				
a) < 2 Years		2	5	$\chi^2=1.87$
b) 2 to 5 Years		3	10	NS
c) 5 to 10 Years		2	4	
d) < 10 Years		0	4	
Number of friends with alcoholism				
a) None		2	8	$\chi^2=3.06$
b) 1		4	4	NS
c) 2		2	6	
d) > 2		4	0	
Hobbies				
a) Reading Books (or) Newspaper		2	6	$\chi^2=3.96$
b) Watching T V		2	7	NS
c) Chatting with friends		2	4	
d) Playing		2	2	
e) others		2	0	
Dietary Pattern				

a) Vegetarian		3	8	$\chi^2=1.54$
b) Non-Vegetarian		0	8	NS
c) Mixed		3	8	

Table: 4.Shows the post-test level of knowledge in experimental group.

It was inferred that there was no significant association between the post test level of knowledge among adolescents with their selected demographic variables such as age, religion, marital status, educational status, occupation of the family, number of children, types of family, family monthly income, number of alcoholics in the family, duration of the alcoholism in the family, number of friends with alcoholism, hobbies, and dietary pattern in experimental group.

It was inferred that the structured teaching programme was independently effective in improving the level of knowledge regarding alcohol dependence among adolescents.

CHAPTER –V

SUMMARY, FINDINGS, DISCUSSION, IMPLICATIONS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

This chapter deals with summary, findings, discussion, implications, limitations, recommendations and conclusion. The essence of any research project is based on study findings, limitations; interpretation of the research results and recommendations to incorporate the study implications. It also gives meaning to the results obtained in the study.

SUMMARY

The prime aim of the study was to assess the level of knowledge on Alcohol dependence before and after structured teaching programme among adolescents.

THE OBJECTIVES OF THE STUDY WERE

1. To assess the pre-test and post- test level of knowledge regarding alcohol dependence among adolescents in experimental and control group.
2. To assess the effectiveness of structured teaching program on the level of knowledge regarding alcohol dependence among adolescents in experimental group.
3. To find the association between post-test level of knowledge regarding alcohol dependence among adolescents with their selected demographic variables.

THE STUDY ATTEMPTED TO EXAMINE THE FOLLOWING RESEARCH HYPOTHESIS

H1: There is a significant difference between the pre-test and post-test level of knowledge regarding alcohol dependence among adolescents in experimental group.

H2: There is a significant difference in the post test level of knowledge regarding alcohol dependence among adolescents between experimental and control group.

H3: There is a significant association between the post-test level of knowledge regarding alcohol dependence among adolescents with their demographic variables.

The conceptual framework adopted for the present study was based on the Nursing process model (ANA 1991). This model helped the investigator to assess the knowledge on alcohol dependence before and after conducting structured teaching programme.

The research design selected for the present study was a quasi-experimental two group pre-test and post-test design to evaluate the effectiveness of structured teaching programme on alcohol dependence. The independent variable was structured teaching programme and the dependent variable was the level of knowledge regarding alcohol dependence among adolescents. The investigator developed a structured questionnaire as a tool to assess the level of knowledge regarding alcohol dependence for the present study. The content validity of the tool was established by 6 experts. The reliability of the tool was ascertained by test retest method. Reliability coefficient was $r = 0.92$ and the tool was found to be reliable for the study. Prior permission from the authorities was sought and obtained. Non probability purposive sampling technique was used to select the samples and informed consent was obtained. Pre-test was done to assess the level of knowledge the structured teaching programme on alcohol dependence. Post-test was done on 10th day of structured teaching programme for control group and experimental group. The data gathered were analysed and interpreted using SPSS package (version 13). Probability of $P < 0.05$ level was considered significant.

FINDINGS

The major findings of the study were classified under the following headings,

FINDING-1: DEMOGRAPHIC VARIABLES OF ALCOHOL DEPENDENCE AMONG ADOLESCENTS IN EXPERIMENTAL GROUP AND CONTROL GROUP.

In experimental group majority 9(30%) were from 15-16 years, 17(57%) were males, 15(50%) were Hindus, 8(27%) were degree holders, 14(47%) were having one children, 13(43%) were father, 19(63%) were living as nuclear family, 10(33%) were self-employed, 14(47%) of their income was between Rs.5000-10000, 19(63%) were one member, 13(43%) were 2-5 years, 10(33%) were having none of friends, 9(30%) who having reading books or newspaper, 11(37%) were vegetarian mixed food.

In control group majority 13(43%) were from 17-18 years of age, 16(53%) were females, 12(40 %) were Muslims, 10(33%) had secondary education, 16(53%) were having two children, 14 (47%) were in both bread winner, 17(57%) were living as joint family, 11(37%) daily wages, 12(40%) of their income was between Rs 10000-15000, 14(47%) were two members, 13(43%) were more than 2 years, 11(37%) were having none of friends, 11(37%) were chatting with friends, 19(63%) were mixed diet.

FINDING-2: PRE-TEST AND POST-TEST LEVEL OF KNOWLEDGE REGARDING ALCOHOL DEPENDENCE AMONG ADOLESCENTS IN EXPERIMENTAL GROUP.

In Pre-test in experimental group, the obtained over all mean score was 19.01, standard deviation was 6.26, mean percentage was 17.61 and in control group the obtained over all mean score was 9.2, standard deviation was 4.96, and mean percentage was 15.21.

In Post-test in experimental group, the obtained over all mean score was 29.61, standard deviation was 2.59, mean percentage was 52.6 and in control group the obtained over all mean score was 11.2, standard deviation was 3.46, mean percentage was 36.26. The obtained post-test mean score in experimental group score was higher than the control group score.

FINDINGS-3: EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING ALCOHOL DEPENDENCE AMONG ADOLESCENTS IN CONTROL GROUP AND EXPERIMENTAL GROUP.

The obtained overall pre-test mean score was 19.01, standard deviation (SD) was 6.26, and mean percentage was 17.61 and the overall Post-test mean score was 29.62, standard deviation was 2.59, and the mean percentage was 52.6. The mean difference was 34.99. The obtained t' value was 14.49 which was significant at $p < 0.05$. It was inferred that post-test

knowledge score was increased after the structured teaching programme in experimental group, and it was found to be effective.

FINDING-4: ASSOCIATION BETWEEN POST TESTLEVEL OF KNOWLEDGE WITH THEIR SELECTED DEMOGROPHIC VARIABLESIN EXPERIMENTAL GROUP

It was inferred that there was no significant association between the post-test level of knowledgeregarding alcohol dependence among adolescents in experimental group and selected demographic variables such as age, gender, religion, educational status, occupation of the family, number of children in the family, type of family, family monthly income, bread winner of the family, number of alcoholics in the family, duration of the alcoholism of the family members, number of friends with alcoholism, dietary pattern and hobbies.

It was inferred that the structured teaching programme was independently effective in improving the level of knowledge regarding alcohol dependence among adolescents.

DISCUSSION

The results of the study were discussed according to the objectives ofthe study.

OBJECTIVE 1: TO ASSESS THE PRE-TEST AND POST- TEST LEVEL OF KNOWLEDGE REGARDING ALCOHOL DEPENDENCE AMONG ADOLESCENTS IN EXPERIMENTAL AND CONTROL GROUP.

In Pre-test in experimental group, the obtained over all mean score was 19.01, standard deviation was 6.26, mean percentage was 17.61 and in control group the obtained over all mean score was 9.2, standard deviation was 4.96, and mean percentage was 15.21.

In Post-test in experimental group, the obtained over all mean score was 29.61, standard deviation was 2.59, mean percentage was 52.6 and in control group the obtained over all mean score was 11.2, standard deviation was 3.46, mean percentage was 36.26. The obtained post-test mean score in experimental group was higher than the control group score.

These findings were supported by **Dhital AD et al (2005)** who conducted a pre-experimental study with pre-test and post-test control group design. The study was carried out in four selected schools with similar settings in Dharan town of Nepal. All the subjects were divided into two groups: experimental and control, each comprising of two subgroups of 50 boys and 50 girls. Structured teaching program consisting of information on human reproductive system was used as a tool of investigation for the experimental group, whereas conventional teaching method was used for the control group. Proper education in this age group is important for prevention of untoward social and health related problems. A total sample of 200 Adolescent school students was included in this study. The mean (\pm SD) pretest score of the experimental group on knowledge of reproductive health was 39.83 (\pm 16.89) and of the control

group was 39.47(+/- 0.08). The same of experimental group after administration of the structured teaching program (84.60+/-10.60) and of the control group with conventional teaching method (43.93+/-10.08) was statistically significant ($p<0.001$). The use of structured teaching program is effective in improving knowledge and attitude of the adolescents on reproductive health.

OBJECTIVE 2: TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON THE LEVEL OF KNOWLEDGE REGARDING ALCOHOL DEPENDENCE AMONG ADOLESCENTS IN EXPERIMENT GROUP.

The obtained overall pre-test mean score was 19.01, standard deviation(SD) was 6.26, and mean percentage was 17.61 and the overall Post-test mean score was 29.62, standard deviation was 2.59, and the mean percentage was 52.6. The mean difference was 34.99. The obtained t' value was 14.49 which was significant at $p<0.05$. It was inferred that post-test knowledge score was increased after the structured teaching programme in experimental group, and it was found to be effective.

These findings was supported by **G. Hussein Rassoo labetal (2007)** conducted a quasi-experimental study to assess the educational interventions and evaluation programs in alcohol and drug with undergraduate nursing students (n=110) in U.K. A visual analogue scale was used to measure intervention confidence skills before and after the educational programme. The findings showed an improvement in the level of intervention confidence skills of under graduate nursing students.

OBJECTIVE: 3 TO FIND THE ASSOCIATION BETWEEN POST-TEST LEVEL OF KNOWLEDGE REGARDING ALCOHOL DEPENDENCE AMONG ADOLESCENTS WITH THERE SELECTED DEMOGRAPHIC VARIABLES.

It was inferred that there was no significant association between the post-test level of knowledge and selected demographic data such as age, religion, marital status, educational status, occupation, and number of children, type of family, family income, and dietary pattern and hobbies in experimental group.

It was inferred that the structured teaching programme was independently effective in improving the level of knowledge regarding alcohol dependence among adolescents.

These findings were supported by **vaibhav jani, etal (2014)** conducted a pre-experimental design, and non-probability convenient sampling technique was used, from 60 adolescents at Vadodara district. The data was analysed using descriptive and inferential statistics. The result conducted that from the entire variable only one variable that is domicile significantly associated with pre-test knowledge score hence the hypothesis was partially accepted for these variables.

IMPLICATIONS

The findings of the study have the following implications in nursing.

IMPLICATION IN NURSING EDUCATION

1. The nurse educators have the response to update the knowledge, attitude and practice of nursing students on knowledge and awareness about alcohol dependence.
2. The finding of the study can serve as guideline for the nurse educators for planning and conducting educational programme for student nurses regarding alcohol dependence.
3. The nursing students should be made aware about their role in health promotion and disease prevention with relation to alcoholism with relation to alcoholism.
4. The students should be motivated to make up innovational approaches to provide health education in different settings such as community hospital.

IMPLICATION IN NURSING PRACTICE

1. Structured teaching program helps to improve the clinical staff's knowledge level on alcohol dependence.
2. Structured teaching method can be used as a one method of teaching in clinical nursing.

3. It can be used in various school and community, psychiatric ward to give health education to the adolescents.
4. It can be used in illiterate adolescents also, it helps to easy understanding the topics; it can use in mass group and community.

IMPLICATION IN NURSING ADMINISTRATION

It helps the nursing administration to manage with mass group to conduct awareness programme to community and public. It helps the nurse to learn how they can manage about the problem if arise, organize the programme planning and planning for budget.

IMPLICATION IN NURSING RESEARCH

It helps the student nurse to get an idea to do research in effectiveness of various methods of awareness regarding alcohol dependence. It gives an idea to do research on alcohol dependence.

LIMITATIONS

- ❖ Structured teaching procedure was time consuming.

- ❖ Sample size was less to make any generalization.
- ❖ Limited to only adolescents.

PERSONAL EXPERIENCE

1. The investigator has gained lot of new information and experience in many ways starting from the searching of research problem till the submission of the report.
2. Apart from the struggle and tension, now I got an idea about research work.
3. Investigator got unlimited literature review.

RECOMMENDATIONS

1. A similar study can be conducted in a large group of adolescents in community.
2. The study can be replicated in different setting to strengthen the finding.

CONCLUSION

The following conclusions were drawn from the findings of the study. Structured teaching method is an effective method of giving information to people. Pre- test was conducted for 30 adolescents in experimental group, 30 adolescents in control group. Demographic variables data and level of

knowledge were collected by using structured teaching questionnaire (multiple choice questions) to assess the level of knowledge regarding alcohol dependence among adolescents. After the pre-test structured teaching programme was conducted for adolescents in experimental group and then post- test was conducted on seventh day. The findings revealed the effectiveness of structured teaching programme. The data collected from subject were edited, complied, and analysed by using SPSS version 13. The probability level of $P < 0.05$ was used as the level of significance. It was inferred that there was no significant association between the post-test level of knowledge among adolescents with their selected demographic variables. This method helps for easy understanding and gives more awareness about alcohol dependence among adolescents.

REFERENCES

- ❖ ANTON, R.F.; O'MALLEY, S.S.; CIRAULO, D.A.; ET AL. Effect of combined pharmacotherapies and behavioral interventions for alcohol dependence: The COMBINE study: A randomized controlled trial. *JAMA: Journal of the American Medical Association*, 295(17) pp. 2003–2017, 2006. [PMID: 16670409](#).
- ❖ COHEN, E.; FEINN, R.; ARIAS, A.; AND KRANZLER, H.R. Alcohol treatment utilization: Findings from the National Epidemiologic Survey on Alcohol and Related Conditions. *Drug and Alcohol Dependence* 86(2-3): 214–221, 2007.
- ❖ DAWSON, D.A.; GRANT, B.F.; STINSON, F.S.; ET AL 2005. “Recovery from DSM–IV alcohol dependence” United States, 2001–2002.pg.no:281–292,.
- ❖ DAWSON, D.A.; GRANT, B.F.; STINSON, F.S.; ET AL. 2006 E ‘stimating the effect of help-seeking on achieving recovery from alcohol dependence”. (pg.no):824–834.
- ❖ National Institute on Alcohol Abuse and Alcoholism (NIAAA). *Alcohol Alert 70: National Epidemiologic Survey on Alcohol and Related Conditions*. Bethesda, MD, 2006.

- ❖ GRANT, B.F.; DAWSON, D.A.; STINSON, F.S.; ET AL. “The 12-month prevalence and trends in DSM–IV alcohol abuse and dependence” United States, 1991–1992 and 2001–2002. *Drug and Alcohol Dependence* pg. no:223–234.
- ❖ Project MATCH Research Group. “Matching alcoholism treatments to client heterogeneity Project MATCH post treatment drinking outcomes”. *Journal of Studies on Alcohol* 58(1) pg. no 231-216
- ❖ Damson SJ, Sellman JD. Five-year outcomes of alcohol-dependent persons treated with motivational enhancement. *Journal of Studies on Alcohol and Drugs*. 2008; Pg. no 69:589–593.
- ❖ Heather N, Morton V, et preference al. Initial for drinking goal in the treatment of alcohol problem. Treatment outcomes. *Alcohol and Alcoholism*. 2010; 45:136–142.
- ❖ Leggio L, Ferrulli A, et al. Effectiveness and safety of baclofen for maintenance of alcohol abstinence in alcohol-dependent patients with liver cirrhosis: randomised, double-blind controlled study. *The Lancet*. 2007 pg. no 370:1915–1922.

- ❖ grawal A, Hinrichs AL, Dunn G, et al. Linkage scan for quantitative traits identifies new regions of interest for substance dependence in the Collaborative Study on the Genetics of Alcoholism (COGA) sample. *Drug and Alcohol Dependence*. 2008;93:12–20.
- ❖ Schlundt DG, Prue DM, et al. Impact of aftercare arrangements on the maintenance of treatment success in abusive drinkers. *Addictive Behaviors*. 1983;8:53–58.
- ❖ Ahmadi N. A double-blind, placebo-controlled study of naltrexone in the treatment of alcohol dependence. *German Journal of Psychiatry*. 2002;5:85–89.
- ❖ Wampold B. A meta-analysis of component studies in counseling and psychotherapy. *Journal of Counseling Psychology*. 2001;48:251–257.
- ❖ Iden LE. Behavioral self-management controlled-drinking strategies in a context of secondary prevention. *Journal of Consulting and Clinical Psychology*. 1988;56:280–286.
- ❖ lexander JF, Waldron HB, Newberry A, et al. The functional family therapy model, *Family Therapy for Adolescent Drug Abuse*. Friedman

AS, Granick S, editors. Lexington, MA: Lexington Books; 1990. pp. 183–200.

- ❖ Anderson DA, Parker JD. The use of a mental status examination in a chemical dependence treatment program. *Journal of Substance Abuse Treatment*. 1997;14:377–388
- ❖ Malley SS, Ciraulo DA, et al. Combined pharmacotherapies and behavioral interventions for alcohol dependence. *The Journal of the American Medical Association*. 2006;295:2003–2017.
- ❖ Aaronson JW, Aaronson HE. 3 regimens for alcohol withdrawal and detoxification. *Journal of Family Practice*. 2004;53:545–554.
- ❖ Brady KT, Sonne SC, et al. Symptom improvement in co-occurring PTSD and alcohol dependence. *The Journal of Nervous and Mental Disease*. 2006;194:690–696.

- ❖ aekeland F, Lundwell L, Kissin B, et al. Correlates of outcome in disulfiram treatment of alcoholism. *The Journal of Nervous and Mental Disease*. 1971;153:1–9.

- ❖ llen J, Copello A, Orford J. Fear during alcohol detoxification: views from the clients' perspective. *Journal of Health Psychology*. 2005;10:503–510.

- ❖ llen JP, Wilson VB. *Assessing Alcohol Problems: A Guide for Clinicians and Researchers*. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism; 2003.

- ❖ llen JP, Sillanaukee P, Strid N, et al. *Assessing Alcohol Problems: A Guide for Clinicians and Researchers*. Allen JP, Wilson VB, editors. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism; 2003.

- ❖ llen NB, Chambers R, Knight W. Mindfulness-based psychotherapies: a review of conceptual foundations, empirical evidence and practical considerations. *Australian and New Zealand Journal of Psychiatry*. 2006;40:285–294.

- ❖ Iterman A, Hayashida M, O'Brien CP. Treatment response and safety of ambulatory medical detoxification. *Journal of Studies on Alcohol*. 1988;49:160–166

- ❖ Itintoprak AE, Zorlu N, Coskunol H, et al. Effectiveness and tolerability of mirtazapine and amitriptyline in alcoholic patients with co-morbid depressive disorder: a randomized, double-blind study. *Human Psychopharmacology: Clinical and Experimental*. 2008;23:313–319.]

- ❖ Iwyn T, John B, Hodgson RJ, et al. The addition of a psychological intervention to a home detoxification programme. *Alcohol and Alcoholism*. 2004;39:536–541

- ❖ Iwyn T, John B, Hodgson RJ, et al. The addition of a psychological intervention to a home detoxification programme. *Alcohol and Alcoholism*. 2004;39:536–541.

- ❖ nderson DA, Parker JD. The use of a mental status examination in a chemical dependence treatment program. *Journal of Substance Abuse Treatment*. 1997:377–382.

- ❖ nderson P, Baumberg B. *Alcohol in Europe A Report for the European Commission*. London: Institute of Alcohol Studies; 2005.

- ❖ nnis HA. A relapse prevention model for treatment of alcoholics, Treating Addictive Behaviors Processes of Change. Miller WR, Heather N, editors. New York: Plenum Press; 1986.
- ❖ nnis HM. Inpatient versus outpatient setting effects in alcoholism treatment: revisiting the evidence. *Addiction*. 1996;91:1804–1807.
- ❖ nton RF, Moak DH. Carbohydrate deficient transferrin (CDT) and gamma-glutamyltransferase (GGT) as markers of heavy alcohol consumption: gender differences. *Alcoholism: Clinical and Experimental Research*. 1994;18:747–754
- ❖ nton RF, Pettinati H, Zweben A, et al. A multi-site dose ranging study of Nalmefene in the treatment of alcohol dependence. *Journal of Clinical Psychopharmacology*. 2004;24:421–428.
- ❖ Oroszi G, O'Malley S, et al. An evaluation of μ -opioid receptor (OPRM1) as a predictor of naltrexone response in the treatment of alcohol dependence: results from the Combined Pharmacotherapies and Behavioral Interventions for Alcohol Dependence (COMBINE) study. *Archives of General Psychiatry*. 2008;65:135–144

- ❖ PA. Diagnostic and Statistical Manual of Mental Disorders, 3rd revised (DSM–III–R) Washington, DC: APA; 1987.

- ❖ splund CA, Aaronson JW, Aaronson HE. 3 regimens for alcohol withdrawal and detoxification. *Journal of Family Practice*. 2004;53:545–554.

- ❖ abor TF. Reliability of the ethanol dependence syndrome scale. *Psychology of Addictive Behaviors*. 1996;10:97–103.

- ❖ aekeland F, Lundwell L, Kissin B, et al. Correlates of outcome in disulfiram treatment of alcoholism. *The Journal of Nervous and Mental Disease*. 1971;153:1–9.

- ❖ agrel A, d'Houtaud A, Gueguen R, et al. Relations between reported alcohol consumption and certain biological variables in an “unselected” population. *Clinical Chemistry*. 1979;25:1242–1246.

- ❖ alldin J, Berglund M, Borg S, et al. A 6-month controlled naltrexone study: combined effect with cognitive behavioral therapy in outpatient treatment of alcohol dependence. *Alcoholism: Clinical and Experimental Research*. 2003;27:1142–1149.

- ❖ altieri DA, de Andrade AG. Efficacy of acamprosate in the treatment of alcohol-dependent outpatients. *Revista Brasileira de Psiquiatria*. 2003;25:156–159.

- ❖ altieri DA, Daró FR, Ribeiro PL, et al. Comparing topiramate with naltrexone in the treatment of alcohol dependence. *Addiction*. 2008;103:2035–2044.

- ❖ arry KL, Fleming MF. The Alcohol Use Disorders Identification Test (AUDIT) and the SMAST-13 predictive validity in a rural primary care sample. *Alcohol*. 1993;28:33–42.

- ❖ Williams ML, Nelson R, et al. An experimental test of retention in residential and outpatient programs. *American Journal of Drug and Alcohol Abuse*. 1994;20:331–340.

- ❖ esson J, Aeby F, Kasas A, et al. Combined efficacy of acamprosate and disulfiram in the treatment of alcoholism: a controlled study. *Alcoholism: Clinical and Experimental Research*. 1998;22:573–579.

- ❖ eullens J, Aertgeerts B. Screening for alcohol abuse and dependence in older people using DSM criteria: a review. *Aging & Mental Health*. 2004;8:76–82.
- ❖ ischof G, Grothues J, Reinhardt S, et al. Evaluation of a telephone-based stepped care intervention for alcohol-related disorders: a randomised controlled trial. *Drug and Alcohol Dependence*. 2008;93:244–251.
- ❖ oeijnga PH, Parot P, Soufflet L, et al. Pharmacodynamic effects of acamprosate on markers of cerebral function in alcohol-dependent subjects administered as pre-treatment and during alcohol abstinence. *Neuropsychobiology*. 2004;50:71–77.
- ❖ ooth BM, Blow FC. The kindling hypothesis: Further evidence from a U.S. national survey of alcoholic men. *Alcohol and Alcoholism*. 1993;28:593–598.
- ❖ rady KT, Myrick H, Henderson S, et al. The use of divalproex in alcohol relapse prevention: a pilot study. *Drug and Alcohol Dependence*. 2002;67:323–330.

- ❖ Sonne S, Anton RF, et al. Sertraline in the treatment of co-occurring alcohol dependence and posttraumatic stress disorder. *Alcoholism: Clinical and Experimental Research*. 2005;29:395–401.

- ❖ ranchev L, Davis W, Lee KK, et al. Psychiatric complications of disulfiram treatment. *The American Journal of Psychiatry*. 1987;144:1310–1312.

- ❖ rower KJ, Myra Kim H, Strobbe S, et al. A randomized double-blind pilot trial of gabapentin versus placebo to treat alcohol dependence and comorbid insomnia. *Alcoholism: Clinical & Experimental Research*. 2008;32:1429–1438

- ❖ rown S, McGue M, Maggs J, et al. A developmental perspective on alcohol and youths 16 to 20 years of age. *Pediatrics*. 2008;121(Suppl. 4):S290–S310.

- ❖ ucholz KK, Cadoret R, Cloninger CR, et al. Semi-structured psychiatric interview for use in genetic linkage studies: a report on the reliability for the SSAGA. *Journal of Studies on Alcohol*. 1994;55:149–158.

- ❖ ullock M, Culliton P, Olander R. Controlled trial of acupuncture for severe recidivist alcoholism. *Lancet*.1989;1(June):1435–1439.
- ❖ utterworth RF. Effects of thiamine deficiency on brain metabolism: implications for the pathogenesis of the Wernicke-Korsakoff syndrome. *Alcohol and Alcoholism*. 1989;24:271–279.

NET REFERENCES

1. [www.google . com](http://www.google.com)
2. www.pubmed.com
3. www.nursingcentes.com
4. [www. ask.com](http://www.ask.com)
5. [www. answer. Com](http://www.answer.Com)
6. www.yahoo.com
7. [www. medline. com](http://www.medline.com)
8. [www. emedicinehealth.com](http://www.emedicinehealth.com)
9. [http://www. reviewsofprogress.org/](http://www.reviewsofprogress.org/)
- 10..<http://www.ukessays.com>
- 10 .www.ncbi . com
- 11 .[www. cliniquevidence.com](http://www.clinicalevidence.com)
- 12 .[www. ehow.com/](http://www.ehow.com/)
- 13 .www.healthmed.com
- 14 .<http://www.cdc.gov/std/>
- 15 .www.clinicalevidence.com

APPENDIX-I

LETTER SEEKING PERMISSION TO CONDUCT MAIN STUDY

To:

Mrs. Mallikasundramoorthi,
Panchayat officer,
Palayakottai,
Nathakadaiyur (via),
Kangayam (Tk),
Tirupur (Dt).

Respected madam/sir,

Greetings from Shiv parvathi Mandradiar Institute of Health Science, Tirupur.

Sub: Requisition to avail the permission to conduct project-Regarding.

This is to certify that 301331853 is a bonafied student of our college studying M.SC. Nursing II year in the academic year of 2013-2015. As part of the M.SC. Nursing curriculum prescribed by the Tamilnadu .Dr.MGR. University, Chennai. she needs to conduct a project and she willing to do at your esteemed institution so, kindly do the needful and grant her permission to conduct the study.

The details of the project will be briefed to you by him in person.

Thanking you

Yours sincerely,

(PRINCIPAL)

APPENDIX-II

LETTER REQUESTING SUGGESTION FOR ESTABLISHING CONTENT VALIDITY

From:

II year M.sc.(N)

Shiv parvathi Mandradiar Institute of Health Sciences,

Palayakottai.

To:

THROUGH,

The principal,

Shiv parvathi mandradiar institute of health sciences

Palayakottai, Tirupur.

Respected sir/madam,

Subject : letter Requesting opinion and suggestions from experts for establishing
content validity of tool.....Regarding

I am II year M.sc Nursing student in shiv parvathi Mandradiar Institute of Health sciences. As a partial fulfillment of Master Degree of science in Nursing, I have selected the topic mentioned below for the research project to be submitted to “The Tamilnadu Dr. MGR. Medical University Chennai”. Topic :”A quasi experimental study to assess the effectiveness of structured teaching program on the level of knowledge regarding alcohol dependence among adolescents in a selected village at Tirupur(Dt).

I kindly request you to validate the following enclosure and give your experts opinion and suggestions for necessary modifications of the tool.

Thanking you in Anticipation

Place:

Yours sincerely

Date:

301331853

Enclosed here with: 1. Proposal

2. Tool

APPENDIX III

அனுப்புதல்:

S. மல்லிகா சுந்தரமூர்த்தி

தலைவர்,

நத்தக்காடையூர் ஊராட்சி

நத்தக்காடையூர் (அஞ்சல்) 638 108.

திருப்பூர் மாவட்டம்.

☎ ஆபீஸ்: 04257-241954 செல்: 98422 41124

பெறுநர்

கா. டாக்டர்ஸ்வரீ

MSc நிமிதம் 11 வகுப்பு

சிவபார்வதிமணியுயர் தினம்மருட ஆப்
ஹெல்த் சிவன், பழையகோட்டை.

ந.க. எண்.:

நாள்:

ஐயா,

பொருள்: Project வேலை சம்பந்தமாக அர்ச்சுனா நகர், டிஸ்ட்ரிக்ட்
பாடலியார் நகர் பூங்காவின் குடியிருக்கிறவர்கள் டெட்டர்
க ஸ்கூல் ரெய் அண்ட் கோடுகளை உடம்புக -

புறக்கல்: டாக்டர்ஸ்வரீ MSc 11 வகுப்பு S M B. P. H. Science
புத்தககோட்டை அவர்களின் கடிதம்.

புறக்கலின் கண்ணொளி கல்களை கடிதத்தில் கொடுப்பதில்
படி அர்ச்சுனா நகர் டிஸ்ட்ரிக்ட் பாடலியார் நகர் பூங்காவின் குடியிருக்கிறவர்கள்
வேலைகள் சம்பந்தமாக டெட்டர் க ஸ்கூல் ரெய் அண்ட்
கூடுகளை உடம்புக.

S. மல்லிகா
தலைவர்,
நத்தக்காடையூர் ஊராட்சி

APPENDIX IV

LIST OF EXPERTS

1. DR. Balu MBBS, DPM, D.N.B (Psych)

Senior Psychiatrics
Krishna nursing home
Coimbatore.

2. Mrs. Deepa. K. M. Sc(N)

Reader
Dr. Mahalingam college of Nursing
Erode.

3. Mr.Sager M.Sc (N)

Associate Professor
Department of Mental Health Nursing
Arun College of Nursing
Vellur

4. Mrs. Pricilla M. Sc (N)

Associate professor
Department of mental health nursing
SPMIHS
Palayakottai.

5. Mrs. Sangeetha M. Sc, M. Phil

Clinical psychologist
Coimbatore.

APPENDIX-V

INFORMED CONSENT FORM

I understand that I am being asked to participate in a research study conducted by 301331853, M.sc Nursing student of Shiv parvathi Mandradiar institute of health sciences. This research study will evaluate the “To assess the effectiveness of structured teaching program on the level of knowledge regarding alcohol dependence among adolescents in a selected village at Tirupur(dt).

If I agree to participate in the study, I will be interviewed. The interview may be recorded and will take place in privacy. No identifying information will be included when the interview is transcribed. I understand that there are no risks associated with this study.

I realize that the knowledge gained from this study may help either me or other people in the future. I realize that my participation in this study is entirely voluntary, and I may withdraw from the study at any time I wish. If I decide to discontinue my participation in this study. I will continue to be treated in the usual and customary fashion.

I understand that all study data will be kept confidential. However, this information may be used in nursing publication or presentations. If I need to, I can contact 301331853 M.sc nursing student of shiv parvathi mandradiar college of nursing, Palayakottai, Tirupur(dt), any time during the study (Ph no: 9843136026).

The study has been explained to me. I have read and understand this consent form, my entire question has been answered, and I agree to participate. I understand that I will be given a copy of this signed consent form.

Signature of the participant:

Date:

Signature of the investigator:

Date:

APPENDIX VII

DEMOGRAPHIC VARIABLES

SECTION A

1) AGE IN YEARS

- a) 15-16 years
- b) 16-17 years
- c) 17-18 years
- d) 18-19 years

2) GENDER

- a) Male
- b) Female
- c) Transgender

3) RELIGION

- a) Hindu
- b) Muslims
- c) Christian
- d) Others

4) EDUCATIONAL STATUS

- a) Illiterate
- b) Primary education
- c) Secondary education
- d) Higher secondary education
- e) Degree holders

5) NUMBER OF CHILDREN IN THE FAMILY

- a) One children
- b) Two children's
- c) More than two children's

6) BREAD WINNER OF THE FAMILY

- a) Father
- b) Mother
- c) both
- d) Others

7) TYPE OF FAMILY

- a) Nuclear family
- b) Joint family
- c) Extended family

8) OCCUPATION OF THE FAMILY

- a) Unemployed
- b) Self employed
- c) Daily wages
- d) Private employee

9) FAMILY MONTHLY INCOME

- a) < Rs5000
- b) Rs5000-10000
- c) Rs10000-15000
- d) > Rs15000

10) NUMBER OF ALCOHOLICS IN THE FAMILY

- a) One member
- b) Two members
- c) More than two members

11) DURATION OF THE ALCOHOLISM OF THE FAMILY MEMBER

- a) < 2 years
- b) 2-5 years
- c) 5-10 years
- d) > 10 years

12) NUMBER OF FRIENDS WITH ALCOHOLISM

- a) None
- b) 1
- c) 2
- d) >2

13) HOBBIES

- a) Reading, books, and newspaper
- b) Watching TV
- c) Chatting with friends
- d) Playing
- e) Others

14) DIETARY PATTERN

- a) Vegetarian
- b) Non vegetarian
- c) Mixed

SECTION-B

STRUCTURED QUESTIONNAIRE FOR ASSESSING THE KNOWLEDGE REGARDING ALCOHOL DEPENDENCE AMONG ADOLESCENTS

1. What is alcohol dependence

- a) It is a pattern of excess drinking that result in harm to one's health
- b) It is a Epileptic disorder
- c) It is a comorbid medical disorder
- d) It is an anxiety disorder

2. What is the composition of nutrition in alcohol drink?

- a) It has no nutritional value and no calories
- b) It has only nutritional value
- c) It has only calories but no nutritional value
- d) It has calories and nutritional value

3. Which of the following part is mainly affected by alcohol dependence?

- a) Gall bladder
- b) CNS(central nervous system)
- c) Heart
- d) Kidney

4. What are the properties of alcohol?

- a) Clear liquid with a strong burning taste
- b) Taste like sweet
- c) Pigmented liquid with sour taste
- d) Colored liquid with rotten egg smell

5. What is the toxic concentration of alcohol level in blood?

- a) 80-100mg/ 100 ml
- b) 100-150mg/ 100 ml
- c) 150-200mg/ 100 ml
- d) 200-250mg/ 100 ml

6. Which alcohol concentration level results in fatal condition?

- a) 80mg/100ml
- b) 200mg/100ml
- c) 500mg/100ml
- d) 280mg/100ml

7. What is the percentage of alcoholic dependence in India?

- a) 2%
- b) 5%
- c) 7%
- d) 8%

8. What are the causes of alcohol dependence?

- a) Genetic factors, availability, emotional pleasure

- b) Below-normal serotonin levels
- c) Multiple stressors and personality problems
- d) Neurotransmitter and structural hypotheses

9. How many stages of alcoholic dependence?

- a) 2
- b) 3
- c) 4
- d) 5

10. Which stage of alcoholism makes it obvious to friends and family members?

- a) pre-alcoholic Stage
- b) Early alcoholic Stage
- c) Middle alcoholic Stage
- d) Late alcoholic Stage

11. According to Jellinek, which pattern of alcoholism results in dipsomania?

- a) Delta-alcoholism
- b) Gamma alcoholism
- c) Alpha alcoholism
- d) Epsilon alcoholism

12. Which part of the body is directly affected by alcohol?

- a) Respiratory tract
- b) Brain control area
- c) Intestinal tract
- d) The alimentary tract

13. Which of the following deficiencies is seen in chronic alcoholism?

- a) Nutritional deficiency
- b) Vitamin deficiency
- c) Iron deficiency

d) Fluid and electrolytes deficiency

14. In which of the following the urine will be red in color?

a) Peripheral neuropathy

b) Alcoholic myopathy

c) Wernicke's encephalopathy

d) Korsakoff's psychosis

15. During alcoholism which vitamin deficiency will occur?

a) Folic acid

b) Vitamin A

c) Vitamin D

d) Thiamine

16. What are the characteristic features of korsakoff's psychosis?

a) Confusion, loss of recent memory

b) Failure to achieve developmental milestones

c) Deficiencies in cognitive functioning

d) Reduced ability to learn

17. Which of the following symptom is not seen in korsakoff's syndrome?

a) Confusion

b) Confabulation

- c) Loss of memory
- d) Hallucination

18. What is the effect of alcohol in heart?

- a) Accumulation of lipids in the myocardial cells
- b) Accumulation of lipids in the diaphragmatic muscles
- c) Accumulation of lipids in the inter costal muscles
- d) Accumulation of lipids in the subcutaneous tissues

19. When will be the heart enlarged and weakened?

- a) Peripheral neuropathy
- b) Wernicke's encephalopathy
- c) Alcoholic cardiomyopathy
- d) Alcoholic hepatitis

20. What is the toxic effect of alcohol in the esophageal mucosa?

- a) Gastritis
- b) Pancreatitis

c) Esophagitis

d) Hepatitis

21. Which organ is mostly affected due to heavy alcohol consumption?

a) Kidney

b) Heart

c) Stomach

d) Pancreas

22. What is meant by chronic injury to the liver?

a) Pancreatitis

b) Hepatitis

c) Esophagitis

d) Cirrhosis of liver

23) What will be the toxic reaction of alcohol dependence?

a) Impaired production of platelets

- b) Impaired production of white blood cells
- c) Impaired production of red blood cells
- d) Impaired production of neutrophils

24) When will be alcohol withdrawal symptoms occur?

- a) 4-6 hrs after stop of alcohol
- b) 4-8 hrs after stop of alcohol
- c) 4-12 hrs after stop of alcohol
- d) 8-16 hrs after stop of alcohol

25) Which of the following symptoms are called withdrawal symptoms?

- a) Nausea, sweating, shakiness
- b) Vomiting, headache, gastritis
- c) Headache, abdominal pain, diarrhea
- d) Fever, anxiety, depression

26) Which of the following symptoms will see in alcohol dependence?

- a) Loss of taste
- b) Loss of balance

- c) Loss of memory
 - d) Loss of vision
- 27) Which type of blood cell production will affect during alcohol dependence?
- a) Impaired production of WBC
 - b) Impaired production of T cells
 - c) Deficiency of vitamin A
 - d) Deficiency of iron
- 28) In which among the following will present during alcohol dependence?
- a) Heart burn
 - b) Pain, burning, tingling of the extremities
 - c) Abdominal pain
 - d) Nausea and vomiting
- 29) Which of the following psychological management can be given for alcoholic dependence?
- a) Group therapy and behavior therapy
 - b) Family therapy
 - c) Role play
 - d) Individual therapy
- 30) Which one of the following preventive measures can be advised?

- a) Control by family members
- b) Not giving Money
- c) Banning / restriction of advertisement of alcohol
- d) Close the alcohol shop

ANSWER KEY

Question No.	Answer	Question No.	Answer
1	a	16	a
2	b	17	d
3	a	18	a
4	a	19	c
5	d	20	c
6	c	21	d
7	b	22	d
8	a	23	a
9	c	24	c
10	c	25	a
11	d	26	c
12	b	27	a
13	a	28	b
14	b	29	a
15	a	30	c

SCORING KEY

Scoring Interpretation

- Maximum score – 30
- Minimum score – 0

0-10	0-50%	In adequate knowledge
10-20	50-75	Moderately adequate knowledge
20-30	>75%	Adequate knowledge

Time	Specific Objectives	content	Teacher Activity
		SRTUCTURED TEACHING PROGRAMME ON ALCOHOL ABUSE	
		INTRODUCTION:	
2 mts	2mts	<p>Alcohol is a natural substance formed by the reaction of fermenting sugar with yeast spores. Although there are many alcohols, the kind in alcoholic beverages is known scientifically as ethyl alcohol. Different alcoholic beverages are produced by using different sources of sugar for the fermentation process. For example, beer is made from malted barley, wine from grapes or barriers, whiskey from malted grains, and rum from molasses. Distilled beverages (e.g, whiskey, scotch, gin, vodka, and other “hard” liquors) derive their name from further concentration of the alcohol through a process called distillation. Alcohol exerts a depressant effect on the CNS, resulting in behavioral and mood changes. The effects of alcohol on the CNS are proportional to the alcoholic concentration in the blood. An individual is legally intoxicated with a blood alcohol level of 0.08 to 0.10%. The body burns alcohol at the rate of about 0.5 ounce per hour, so behavioral changes would not be expected to occur in an individual who slowly consumes only one averaged-sized drink per hour. Alcohol is thought to have a more profound effect when an individual is emotional or fatigued.</p>	
		DEFINITION:	

2 mts	The adolescents will be able to define the term alcohol dependence	Alcohol dependence is individuals may drink abusively and to excess, causing harm to themselves and others without being dependent	The teacher define the term alcohol dependence with help of roller board
		PROPERTIES OF ALCOHOL:	
3mts	The adolescents will be able to Describe the proerties of alcohol	Alcohol is a clear colored liquid with a strong burning taste. The rate of absorption of alcohol into the bloodstream is more rapid than its elimination. Absorption of alcohol into the bloodstream is slower when food is present in the stomach. A small amount is excreted through urine and a small amount is exhaled. A concentration of 80-100 mg of alcohol per 100 ml of blood is considered intoxication. A person with 200-250 mg will be toxic, sleepy, confused and his thought process will be altered. If blood level is 300mg / 100 ml of blood the person may lose consciousness. A concentration of 500 mg / 100 ml is fatal. All the symptoms change according to tolerance.	The teacher Describe the proerties of alcohol
		EPIDEMIOLOGY:	
2mts	The adolescents will be able to state the incidence of alcohol dependence	Alcohol dependence is more commen in males, the incidence of alcohol dependence is 2% in India. While 20-40%of subjects aged above 15 years are current users of alcohol and nearly 10% of them are regular or excessive users. Nearly 15-30% of patients are developing alcohol related problems and seeking admission in psychiatric hospitals.	The teacher state the incidence of alcohol dependence

		CAUSES:	
3mts	The adolescents will be able to list out the causes of alcohol dependence	<p>Ø Genetic Factors – Make a small contribution to the development of alcohol use. The genetic factors are believed to impart an explanation to the differing rates of alcohol dependence among racial groups.</p> <p>Ø Cultural Factors : Rare among Muslims & Jews and common countries which have large alcohol produce industries namely France, Italy, Portugal etc.,</p> <p>Ø Availability – It is important as shown by high rates among those employed in the drink trade</p> <p>Ø Economic Barrier – This is a close correlation between consumption & the price of alcohol relative to average earnings. The cheaper the relative price, the higher the consumptions.</p> <p>Ø Emotional pleasure – Drinking has become a substitute in relieving the unpleasant symptoms of an anxiety state, depression or schizophrenia.</p> <p>Ø Physical dependence – withdrawal symptoms, such as nausea, sweating, shakiness and anxiety occur when alcohol use is stopped after a period of heavy drinking.</p> <p>STAGES OF ALCOHOLISM:</p>	The teacher list out the causes of alcohol dependence

5mts	The adolescents will be able to Enumerate the stages of alcohol dependence	There are four stages of alcoholism	The teacher Enumerate the stages of alcohol dependence
		Stage One: Pre-Alcoholic	
		During the pre-alcoholic stage, there is little evidence of problem drinking , as this sta	
		Stage Two: Early Alcoholic	
		This stage is characterized by a growing discomfort with drinking combined with an inability to resist it. You may find yourself lying about drinking to friends or loved ones. . During this stage, your tolerance of alcohol continues to grow. You might also become obsessed with thoughts of alcohol.	
		Stage Three: Middle Alcoholic	
		In the middle alcoholic stage the symptoms of alcoholism usually become obvious to fi	
		Stage Four: Late Alcoholic	

		During the late alcoholic stage, the effects of long-term alcohol abuse are apparent, and	
5mts	The adolescents will be able to listout the species of alcohol dependence	<p>According to Jellinek, there are five “species” of alcoholism on the basis of patterns of use:</p> <p>A) Alpha alcoholism</p> <ul style="list-style-type: none"> · Excessive and inappropriate drinking to relive physical and / or emotional pain · No loss of control · Ability to abstain present <p>B) Beta alcoholism</p> <ul style="list-style-type: none"> · Excessive and inappropriate drinking · Physical complications (e.g.. cirrhosis, gastritis and neuritis) due to cultural drinking patterns and poor nutrition <p>C) Gamma alcoholism</p> <p>Also called as malignant alcoholism</p> <ul style="list-style-type: none"> · Progressive course · Physical dependence with tolerance and withdrawal symptoms · Psychological dependence, with inability to control drinking 	The teacher listout the species of alcohol dependence

		<p>D) Delta alcoholism</p> <ul style="list-style-type: none"> · Inability to abstain · Tolerance · Withdrawal symptoms · The amount of alcohol consumed can be controlled · Social disruption is minimal <p>E) Epsilon alcoholism</p> <ul style="list-style-type: none"> · Dipsomania (compulsive – drinking) · Spree – Drinking 	
10mts	The adolescents will be able to Describe the effects on the body of alcohol dependence	<p>EFFECTS ON THE BODY</p> <p>Alcohol can induce general, nonselective, reversible depression of the CNS. About 20% of alcohol is absorbed directly and immediately into the bloodstream through the stomach wall. The blood carries it directly in to the brain, where the alcohol acts on the brain’s central control areas, slowing down or depressing brain activity.</p>	The teacher Describe the effects on the body of alcohol dependence

The other 80% of the alcohol is processed slightly slower through the upper intestinal tract and into the bloodstream. Only movements after alcohol is consumed, it can be found in all tissues, organs, and secretions of the body. Rapidly of absorption by various factors at low doses, alcohol produces relaxation, loss of concentration, drowsiness, slurred speech, and sleep.

PERIPHERAL NEUROPATHY:

Peripheral neuropathy, characterized by peripheral nerve damage, results in pain, burning, tingling, or prickly sensations of the extremities. Nutritional deficiencies are common in chronic alcoholics because of insufficient intake of nutrients as well as toxic effect of alcohol that results in malabsorption of nutrients. Otherwise permanent muscle wasting and paralysis can occur.

ALCOHOLIC MYOPATHY:

Alcoholic myopathy may occur as an acute or chronic condition. In this condition, the individual experiences a sudden onset of muscle pain, swelling, and weakness; a reddish tinge in the urine caused by myoglobin, a breakdown product of muscle excreted in the urine; and a rapidly rise in muscle enzymes in the blood.

WERNICKE'S ENCEPHALOPATHY:

It represents the most serious form of thiamine deficiency in alcoholics. If thiamine replacement therapy is not undertaken quickly, death will ensue.

KORSAKOFF'S PSYCHOSIS:

It is identified by a syndrome of confusion, loss of recent memory, and confabulation in alcoholics. Treatment is with parenteral or oral thiamine replacement.

ALCOHOLIC CARDIOMYOPATHY:

The effect of alcohol on the heart is an accumulation of lipids in the myocardial cells, resulting in enlargement and a weakened condition. The treatment is total permanent abstinence from alcohol. Treatment of the congestive heart failure may include rest, oxygen, digitalization, sodium restriction, and diuretics.

ESOPHAGITIS:

Inflammation and pain in the esophagus- occurs because of the toxic effects of alcohol on the esophageal mucosa.

GASTRITIS:

Inflammation of the stomach lining characterized by epigastric distress, vomiting, and distension .Alcohol breaks down the stomach's productive mucosal barrier, allowing hydrochloric acid to erode the stomach wall .Damage to blood vessels may result in hemorrhage.

PANCREATITIS:

It may be categorized as acute and chronic. Acute pancreatitis usually occurs 1 or 2 days after a binge of excessive alcohol consumption. The chronic condition leads to pancreatic insufficiency resulting in steatorrhea , malnutrition, weight loss, and diabetes mellitus.

ALCOHOLIC HEPATITIS:

Inflammation of the liver caused by long-term heavy alcohol use .Severe cases can lead to cirrhosis or hepatic encephalopathy.

CIRRHOSIS OF THE LIVER:

It may be caused by anything that results in chronic injury to the liver. It the end stage of alcoholic liver disease and results from long term chronic alcohol abuse.

COMPLICATIONS OF CIRRHOSIS

- **Portal hypertension** (Elevation of blood pressure through the portal circulation results from defective blood flow through the cirrhotic liver).
- **Ascites** (Excessive amount of serous fluid accumulates in the abdominal cavity).
- **Esophageal varices** (veins in the esophagus that become distended because of excessive pressure from defective blood flow through the cirrhotic liver).
- **Hepatic encephalopathy** (the inability of the diseased liver to convert ammonia to urea for excretion)

LEUKOPENIA:

The production, function, and movement of the white blood cells are impaired in chronic alcoholics.

	<p>Thrombocytopenia:</p> <p>Platelet production and survival are impaired as a result of the toxic effects of alcohol.</p> <p>SEXUAL DYSFUNCTION:</p> <p>Alcohol interferes with the normal production and maintenance of female and male hormones. For women, this can mean changes in the menstrual cycles and a decreased or loss of ability to become pregnant. For men, the decreased hormone levels result in a diminished libido, decreased sexual performance, and impaired fertility.</p> <p>ALCOHOL INTOXICATION:</p> <p>Symptoms of alcohol intoxication included dis-inhibition of sexual of aggressive impulses, mood liability impaired judgment, impaired social or occupational functioning, nystagmus and flushed face intoxication usually occurs at blood alcohol levels between 100 and 200 mg/ dl. Death has been reported at levels ranging from 400 to 700 mg/dl.</p> <p>ALCOHOL WITHDRAWAL</p> <p>Within 4 to 12 hours of cessation of or reduction in heavy and prolonged alcohol use. The following symptoms may appear: coarse tremor of hands, tongue, or eyelids; nausea or vomiting; malaise or weakness; tachycardia; sweating elevated blood pressure; anxiety; depressed mood or irritability; transient hallucination or illusion, headache, insomnia.</p>	
	SIGNS AND SYMPTOMS OF ALCOHOL DEPENDENCE	

3mts	The adolescents will be able to List down the signs and symptoms of alcohol dependence	<p>Alcohol is rapidly absorbed from stomach, small intestine and colon. The maximum concentration in blood reaches within 30-90 minutes.</p> <p>Acute:</p> <ul style="list-style-type: none"> • Central Nervous System (CNS) Dysfunctions • Depression of inhibitory control • Heavy sweating • Blurry vision • Nausea and vomiting • Decreased heart rate and breathing rate • Increased blood pressure • Vasodilatation, warm, flushed, reddish skin • Decreased memory & concentration • Poor judgment • Decreased reflexes • Decreased sexual response • Psychological problems like depression, morbid jealousy, emotional disturbances etc. • Amnesia (Alcoholic blackouts) <p>Chronic:</p> <ul style="list-style-type: none"> • Liver damage • Stomach ulcers and irritation to the pancreas • Hepatitis • Jaundice • Hepatomegaly 	The teacher List down the signs and symptoms of alcohol dependence
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		<ul style="list-style-type: none"> · Ascites · Abdominal Pain · Cirrhosis of liver · Cancer · Widening of the veins and arteries, resulting in headache, and loss of body heat · Decreased production of red blood cells, resulting in anemia and infections 	
2mts	The adolescents will be able to Analysis the diagnostic evaluation	<p>DIAGNOSTIC EVALUATION:</p> <ul style="list-style-type: none"> · Blood alcohol level to indicate intoxication (200 mg/ dl) · Urine toxicology to reveal use of other drugs · Serum electrolyte analysis revealing electrolyte abnormalities associated with alcohol use · Liver function studies demonstrating alcohol related liver damage · Hematologic workup possibly revealing anemia, thrombocytopenia · Echocardiography and electrocardiography (ECG) demonstrating cardiac problems <p>TREATMENT:</p> <p>Before starting any method of treatment, these steps are followed;</p> <ul style="list-style-type: none"> · Diagnosing any physical disorder 	The teacher Analysis the diagnostic evaluation
8mts			

		<ul style="list-style-type: none"> · Diagnosing any psychiatric disorder · Assessment of motivation for treatment · Assessment of social support · Assessment of personality characteristics of the patient · Current and past social, interpersonal and occupational functioning 	
The adolescents will be able to Explain the medical treatment of alcohol dependence	<p>MEDICAL TREATMENT:</p>		The teacher Explain the medical treatment of alcohol dependence
		<p>1. Detoxification</p>	
		<p>This is the treatment of alcohol withdrawal symptoms, i.e; symptoms produced by the removal of the 'toxin'(alcohol).The best way to stop alcohol is to stop it suddenly.The usual duration of uncomplicated withdrawal syndrome is 7-14days. The aim of detoxification is the symptomatic management of the emergent withdrawal symptoms.</p> <p>The drug of choice are ;</p> <ul style="list-style-type: none"> · Tab. benzodiazepines Tab. Chlordiazepoxide (80-200 mg/day) · Tab. Diazepam (40-80mg/day). 	

		<ul style="list-style-type: none"> · In currently Tab. Naltrexone (Depade , revia)- it acts in the brain to reduce craving for alcohol after someone has stopped drinking · Tab. Acamprosate (campral)-is thought to work by reducing symptoms such as anxiety and insomnia · Tab. Disulfiram (antabuse)-discourages drinking by making the person taking it feel sick after drinking alcohol <p>In addition an injectable long-acting form of tab. Naltrexone (vivitrol) is available</p> <p>These medications have been shown to help people with dependence reduce their drinking, avoid relapse to heavy drinking, and achieve and maintain abstinence.</p>	
		<p>2. Others:</p> <ul style="list-style-type: none"> · For vitamin B deficiency a preparation of vitamin B containing 100 mg of thiamine should be administered parenterally, twice daily for 3 to 5 days followed by oral administration of vitamin B for at least 6 months · Maintaining fluids and electrolyte balance · Strict monitoring of vitals level of consciousness and orientation · Advice about the harmful effects of alcohol and safe levels of consumption is all that is needed. · Banning/Restricting of advertisement of alcohol. · Guidelines for parents to prevent alcohol dependence among youngsters. 	

	The adolescents will be able to Describe the psychological treatment of alcohol dependence	<p>PSYCHOLOGICAL MANAGEMENT:</p>	The teacher Describe the psychological treatment of alcohol dependence
		<p>1. Motivational interviewing:</p> <p>This involves providing feedback to the patient on the personal risks that alcohol poses, together with a number of options for change</p> <p>2. Group therapy:</p> <p>It enables the patients to observe their own problems mirrored in others</p> <p>3. Aversive conditioning:</p> <p>This therapy is based on classical conditioning. In this technique the patient is to Chemically- induced vomiting or shock when he takes alcohol.</p> <p>4 . Cognitive therapy:</p> <p>This involves reduction in alcohol intake by identifying and modifying maladaptive thinking patterns.</p> <p>5. Relapse prevention techniques</p> <p>This technique helps the patient to identify high-risk relapse factors and develop strategies to deal with them.</p> <p>6. Behavior Therapy:</p>	

		The most commonly used behavior therapy are relaxation technique self-assertive skill training, self-control, positive reinforcements.	
		PREVENTIVE MEASURES	
		<ul style="list-style-type: none"> · Advice about the harmful effects of alcohol and safe levels of consumption is all that is needed. · Banning/Restricting of advertisement of alcohol. · Guidelines for parents to prevent alcohol abuse amongst youngsters. · Straight forward advice about the harmful effects of alcohol and safe levels of consumption is all that is needed. · In more severe cases, patients may have to be advised to alter leisure activities or change jobs if these are contributing to the problem. 	
The adolescents will be able to Briefly explain the nursing management of alcohol dependence		Nursing Management	The teacher briefly explain the nursing management of alcohol dependence
		A) Nursing Assessment <ol style="list-style-type: none"> 1. Recognition of alcoholism: The CAGE questionnaire may be adopted for this purpose: <ul style="list-style-type: none"> · Have you ever felt you ought to CUT down on your drinking? · Have people ANNOYED you by criticizing you drinking? · Have you ever felt CUILTY about your drinking? 	

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1. Have you ever had a drink first thing in the morning (an EYE-OPENER) to steady your nerves or get rid of a hangover?
 2. Be suspicious about at risk factors Problems in the marriage and family, at work, with finances or with the law; at risk occupations; withdrawal symptoms after admission; alcohol related physical disorders; repeated accidents; deliberate self-harm.
 3. If at-risk factors raise suspicion, the next step is to ask careful but persistent questions to confirm the diagnosis.
 4. Certain clinical signs lead to the suspicion that drugs are being injected; Needle tracks and thrombosed veins wearing garments with long sleeves etc., IV use should be suspected in any patient who presents with subcutaneous abscesses or hepatitis.
 5. Behavior changes: Absence from school or work, negligence of appearance, minor criminal offences, isolation from former friends and adoption of new friends in a drug culture.
 6. When assessing the patient who alcohol dependence it is first important to remember that underneath the surface of denial and rationalization are the feelings of fear, insecurity, anxiety and low self-esteem.
 7. Improving social relationships and supports
 8. Note of any suicide ideation or intent, with drained symptoms.
 9. Assess for level of motivation for treatment.
 10. Identifying reasons to change
 11. A baseline physical and emotional nursing assessment is done to determine admission status and provide baseline from which to determine progress towards an expected outcome.
 12. Monitoring intake, output and calorie content
 13. To check the weight daily
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Learners Activity	AV.Aids	Evaluation
		Introduce the topic

listening attentive	Roller board	what is alcohol dependence?
Observe and participate with attention	leaflet	what is the proerties of alcohol
Read and listen		state the incidence of alcohol dependence

		observe and participate with attention	
		charts	
		listout the causes of alcohol dependence	

Discussion							
pictures							
Enumerate the stages of alcohol dependence							

	Read and listen	
	pictures	
	listout the species of alcohol dependence	

	Observe and participate with attention	
	flash cards	
	Describe the effects on the body of alcohol dependence	

Discussion		
handouts		
List down the signs and symptoms of alcohol dependence		

	Read and listen			
	charts			
	Analysis the diagnostic evaluation			

	OBserve and participate with Activities		
	charts		
	Explain the medical treatment of alcohol dependence		

Discussion			
leaflets			
Describe the psychological treatment of alcohol dependence			

			listening and attentive	
			handouts	
			Briefly explain the nursing management of alcohol dependence	



வ.எண்	நேரம்	குறிக்கோள்	உட்பொருள்/உள்ளடக்கம்	காட்சி கேள்விகளை ஒழுங்கு சார்ந்த கருவிகள்	கற்பிப்பவர் செயல்	கற்பிக்கப்படுபவர் செயல்	மதிப்பீடு
1	2 நிமிடம்	முன்னுரை குறித்து விளக்குதல்	குடிப்பழக்கத்தை பற்றி கற்பித்தல் முன்னுரை குடிப்பழக்கத்தில் ஈஸ்ட் வித்திகளை மற்றும் சர்க்கரை நொதித்தல் எதிர் வினையால் உருவாகும் ஒரு இயற்கை பொருளாக உள்ளது. பல்வகையான ஆல்கஹால்கள் உள்ளன என்றாலும் மதுபானத்தின் வகையான எத்தில் ஆல்கஹால் அறிவியல் பூர்வமாக அறியப்படுகிறது. மதுபானங்கள் பல்வேறு முறைகளை பயன்படுத்தி உற்பத்தி செய்யப்படுகின்றன, உதாரணமாக பீர் வெள்ளப்பாகில் இருந்து தயாரிக்கப்படுகிறது மற்றும் பிற வகை வடிகட்டும் செயல்முறை மூலம் தயாரிக்கப்படுகிறது. குடிப்பழக்கத்தினால் ஏற்படும் தலைகுணிவு மற்றும் மனநிலை	கற்பித்தல்	கவனித்தல்		

			மாற்றங்களின் விளைவாக நரம்பு மண்டலத்தில் ஆல்கஹால் விளைவுகளை ஏற்படுத்துகிறது. இரத்தத்தில் ஆல்கஹாலின் நச்சுத்தன்மை உள்ளது.	கற்பித்தல்	கவனித்தல்	சுருள் பலகை	குடிப்பழக்கம் என்றால் என்ன?
2	2 நிமிடம்	குடிப்பழக்கம் பற்றி விளக்கம் தருதல்	வரையறை குடிப்பழக்கம் நோய் உள்ளவர்கள் மது அருந்துவதால் உடலுக்கு ஏற்படும் பின்விளைவுகள் மற்றும் அதனால் சமூகத்தில் ஏற்படும் தலைக்குணிவு ஆகியவற்றை பற்றி அறிந்தும் தவிர்க்க முடியாமல் தொடர்ந்து குடிக்கும் பழக்கத்தை விடாமலிப்பார்கள்	கற்பித்தல்	கவனித்தல்	தகவலை உள்ளடக்கிய அச்சிட்ட தாள்	ஆல்கஹாலின் என்ன பண்புகள் உள்ளது?
3	3 நிமிடம்	ஆல்கஹாலின் பண்புகளை பற்றி விரிவான விளக்குதல்	ஆல்கஹாலின் பண்புகள் ஆல்கஹாலின் சுவை ஒரு வலுவான எரிச்சலை உண்டாக்கும் இது ஒரு தெளிவான திரவம் இரத்த ஓட்டத்தில் ஆல்கஹால் உறிஞ்சுதல் விகிதம் அதன் நீக்குதலை விட அதிகமாக உள்ளது. சாப்பிட்ட பிறகு உணவு வயிற்றில் இருக்கும்போது இரத்த	கற்பித்தல்	கவனித்தல்	தகவலை உள்ளடக்கிய அச்சிட்ட தாள்	ஆல்கஹாலின் என்ன பண்புகள் உள்ளது?

4	3	குடிப்பழக்கத் தின் காரணிகள்	குடிப்பழக்கத் தின் காரணிகள் என்ன?	விளக்க படம்	கவனித்தல்	காரணங்கள் பற்றி வகைபடுத்துத ல்	<p>ஓட்டத்தில் ஆல்கஹாலின் மேதுவாக கலந்துள்ளது. சிறிதளவு ஆல்கஹால் சிற்றுநீரின் மூலம் வெளியேற்றப்படுகிறது. இரத்தத்தில் 100 மி.கிராமில் 80-100 மில்லி ஆல்கஹால் கலந்துள்ளது. இரத்தத்தில் 100 மில்லி ஒன்றுக்கு 200-250 மில்லி கிராம் ஆல்கஹால் இருப்பதினால் மன குழப்பம் தூக்கம் மற்றும் சிந்திக்கும் திறனை இழந்து விடுகிறார்கள். அதிகமாக குடிப்பதினால் இரத்தத்தில் ஆல்கஹாலின் அளவு 300 மில்லி கிராம் 100 மில்லி லிட்டர் இருப்பதினால் உயிரினை இழக்க நேரிடும் 500 மில்லி கிராம் 100 மில்லி லிட்டருக்கு மேல் இருந்தால் மிகவும் ஆபத்தானது.</p>	காரணங்கள் மது அருந்தும் பழக்கம் தொடங்கும் வயதும் மரபியல் காரணிகளும் சிக்கலான முறையில்	காணங்கள் பற்றி வகைபடுத்துத ல்	கவனித்தல்	விளக்க படம்	குடிப்பழக்கத் தின் காரணிகள் என்ன?
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					<p>ஆளாகலாம் சிறுவயதில் அவர்களுக்கு ஏற்பட்ட காயங்கள், வளரும் சூழ்நிலை தற்போதைய பரம்பரையில் குடிப்பழக்கம் இருப்பது தன்னைப் பற்றிய சுய மதிப்பீடு மிகக் குறைவாக இருக்கும் குடிப்பழக்கம் பல உடல் ரீதியான பிரச்சினைகளை கொடுத்த போதிலும் விடாது குடியினை தொடர்ந்து குடிப்பவர்களை குடிக்கு அடிமையாகி விடும்.</p> <p>இவர்களுக்கு எப்போது குடிப்பது எந்த அளவில் நிறுத்துவது என்பது தெரியாது அதனால் அவர்களுக்கு வீட்டிலும் வேலை செய்யும் இடத்திலும் பிரச்சினைகள் ஏற்படும் இருப்பினும் அவர்களால் எதையும் தடுத்து நிறுத்த முடியாது. ஒரே நேரத்தில் அதிக அளவு குடிப்பதினால் குடியின் அடிமைத்தனம் மூளையும் மனமும் உடலும் படுத்தம்</p>			
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5	5	நிமிடம்	குடிப்பழக்கத தின் நிலைகள்	கட்டாயத்தினால் ஏற்படுகின்றது. குடியை நினைத்து ஏங்க வைத்து விடுகின்றது. சிறிது சிறிதாக ஆரம்பிக்கும் இந்த ஏக்கம் ஓரீரு வருடங்களுக்குள் முழுமையாய் குடிக்கு அடிமைப்படுத்தி விடுகின்றது.					
5	5	நிமிடம்	குடிப்பழக்கத தின் நிலைகள்	குடிப்பழக்கத்தின் நிலைகள் நான்கு நிலைகளில் உள்ளன. அ) முதல் நிலை (முந்தைய நிலை) ஆ) இரண்டாம் நிலை (ஆரம்ப நிலை) இ) மூன்றாம் நிலை (மத்திய நிலை) ஈ) நான்காம் நிலை (காலம் கடந்த நிலை) முதல் நிலை மது அருந்துவதினால் மனதில் மன அழுத்தம் குறைப்பு ஒரு வழிமுறையாக உள்ளது. இந்த நிலையில் முக்கிய உடலியல் பண்பு ஒரு தனி நபரது மது ஒரு சகிப்புத்தன்மை உருவாக ஆரம்பிக்கிறது.					

					செய்ய மீள வைக்க வேண்டும் நான்காம் நிலை காலம் கடந்த தாமத நிலை இந்த நிலையில் நீண்ட கால மது விளைவுகள் வெளிப்படையாக எல்லாரும் தெரியவரும் குடிப்பழக்கம் குடும்பம் மற்றும் நண்பர்கள் உட்பட வாழ்க்கையில் ஒரு விவகாரம் குடிநோய் கல்லீரல் அல்லது மறதிநோய் உருவாகக் கூடும். குடியை நிறுத்த முயற்சிகள் நடந்தும் உடம்பில் நடுக்கம் மற்றும் பிரம்மைகள் உண்டாகும்				
					ஜெல்லிநேக் அடிப்படையில் சாராய இனங்கள் ஐந்து வகையாக உள்ளன. அ) ஆல்.பா சாராய இனம் அதிகமாக குடிப்பதினால் உடல் நலம் கேடு ஏற்படகிறது, கட்டுப்பாடு இழப்பு போன்றவை இருக்கிறது. ஆ) பீட்டா சாராய இனம் அதிகப்படியாக மற்றும்				

					<p>கிழற்ச்சி போன்றவை ஏற்படுவதுடன் இறுதியில் சில சமயம் இறப்பும் ஏற்படும்.</p> <p>மேலும் குடிப்பழக்கம் உள்ளவர்கள் கடுமையான புலன் சார்ந்த பிரச்சினைகளையும் எதிர் கொள்ள நேடுகிறது. அறிவாற்றல் இழப்பு மற்றும் உடல் தளர்ச்சி போன்ற வியாதிகள் மது அருந்துவதால் ஏற்படுவதாகும் மேலும் அறிவாற்றல் இழப்பு போன்ற நோய்கள் வருவதற்கு குடிப்பழக்கம் இரண்டாவது இடத்தைப் பிடிக்கும் காரணியாக இருக்கிறது உடல் நலத்தைப் பாதிக்கும் இதர காரணிகளின் இதய குழாயில் வியாதி மற்றும் குடிப்பழக்கத்தினால் தசைகளின் அழிவும் ஏற்படுகிறது.</p> <p>மது சார்ந்த கல்லீரல் நோய் மற்றும் புற்று நோய் போன்ற நோய்கள் ஏற்படுவதற்கான</p>				
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					<p>மிகையான சூழ்நிலை இருக்கின்றது. தொடர்ந்து மது அருந்துவதால் மைய நரம்பு மண்டலமும் புற நரம்பு மண்டலமும் கூடச் சேதமடையலாம் பொதுவாக குடிகாரர்கள் இறப்பதற்கு காரணம் இதய குழாயின் கோளாறுகள் தான் என அறியப்படுகின்றது. ஆதிகமான குடிப்பழக்கத்தால் ஆண்களைவிட பெண்களிலேயே அதிகளவில் சிக்கல்கள் ஏற்படுவதாகவும் குடியினால் ஏற்படும் இறப்பும் பெண்களினாலேயே அதிகமாக ஏற்படுவதாக அறியப்பட்டுள்ளது. மனநல பாதிப்புகள் நீண்ட காலத்திற்கு மதுவை தவறாக பயன் படுத்தினால் பல வகையான மன நல பாதிப்புகளுக்கு ஆளாகலாம் இது தொடர்ந்தால் அதன்</p>			
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					<p>காரணமாக நீண்ட கால பாதிப்புகள் உடலில் நச்சுத் தன்மையைக் கூட்டுவதோடு மூளையின் செயல் பாட்டையும் பாதிக்கும் அதனால் உளவிளல் ரீதியாக மன நிலை மிகையாது பாதிக்கப்படலாம் பொதுவாகக் குடிப்பவர்களிடையே தவிப்பு, மனக்கலக்கம் அதிகரித்த மனச்சோர்வு போன்ற மன நிலைச் சீர்கேடுகள் காணப்படும். மனநலச் சீர்கேடுகளால் அவதியுறுகின்றனர் மேலும் மது அருந்துதலை நிறுத்த முனையும் பொழுது இது போன்ற மனநலப் பாதிப்பிற்கான அறிகுறிகள் முதலில் தோன்றுவதால் மனநிலை மேலும் சீர்குலையும் ஆனால் தொடர்ந்து மது குடிப்பதைத் தவிர்ப்பதால் சிறுக்கச் சிறுக்க மாற்றங்கள் ஏற்பட்டு இந்த அறிகுறிகள் மொத்தமாக மறைந்து விடும்</p> <p>கடுமையாக மது</p>			
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					<p>அருந்துவதால் குழப்பம் மற்றும் மூளை உறுப்பில் பாதிப்புகள் தூண்டப்படலாம் அதனால் மன பித்து போன்ற கடுமையான மன நல சீர்க்கேடுகள் கண்டுபிடிக்க இயலாமல் போகலாம்.</p> <p>மன நலப் பாதிப்புகள் பெண்களுக்கும் ஆண்களுக்கும் வேறுபட்டு இருக்கிறது.</p> <p>பெண்கள் அதிகமாக குடிப்பதினால் மன தளர்ச்சி மன கலக்கம் போன்ற கோளாறுகள் ஏற்பட்கிறது. சமூகத்திற்கு எதிரான ஆளுமை சிதைவுகள் மன பித்து கவலை பற்றி குளையால் ஏற்படும் நிலைகளுடன் காணப்படுகிறது.</p> <p>தற்கொலைகள்</p> <p>அதிகமாக குடிப்பதினால் தற்கொலை செய்து கொள்ளக்கூடிய வாய்ப்புகள் காணப்படுகிறது. இதன் காரணமாக அவர்களுடைய மூளையில் ஏற்படும்</p>				
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					<p>உருக்குலைவு மற்றும் சமூகத்தில் தனித்து விடப்படுவது ஆகியவை தற்கொலைக்கான காரணிகள் ஆகும்</p> <p>நரம்புக்கோளாறு</p> <p>முதுக்குப் பின் நரம்பு மண்டலத்தில் வலி எரிச்சல் கை கால்களில் குத்துவது போன்ற வலி ஏற்படுகிறது. ஊட்டச்சத்து குறைபாடுகள் போதிய அளவில் உட்கொள்ளாமல் இருப்பதினால் மது நச்சு விளைவை உண்டாக்குகிறது.</p> <p>ஆல்கஹாலின் தசை ஒழிவு</p> <p>மது அருந்துவதினால் தசை வலி வீக்கம் மற்றும் பலவீனம் அடைகிறது சீறு நீரை வெளியேற்றும் போது சிவப்பு நிறத்தில் வெளியேற்றுகிறது.</p> <p>வெர்னிக் என்சிபாலோபதி</p> <p>அதிகம் குடிப்பதினால் தயாமின் குறைபாடு ஏற்படுகிறது. தயாமின் மாற்று சிகிச்சை விரைவில் மேற் கொள்ளாமல் இருப்பதினால் மரணம் வர</p>
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7	3	நிமிடம்	குடிப்பழக்கத்தின் அறிகுறிகள் பற்றி விளக்குக	<p>வாய்ப்பு இருக்கிறது.</p> <p>உணவுக்குழாய் அலர்ச்சி உணவுக்குழாயில் உள்ள மெல்லிய சவ்வு பகுதியில் வீக்கம் மற்றும் வலி ஆல்கஹாலின் நச்சு விளைவுகளை ஏற்படுத்துகிறது.</p> <p>ஆல்கஹாலிக் ஹெபடைடிஸ் அதிகமாக குடிப்பதினால் கல்லீரல் அலர்ச்சி மற்றும் கல்லீரல் நோய் மூளை கோளாறு ஏற்படலாம்.</p> <p>ஆதிகமாக குடிப்பதினால் வெள்ளை இரத்த அணுக்கள் உற்பத்தி செயல்பாடு மற்றும் இயக்கத்தில் பாதிப்பு ஏற்படுகிறது.</p> <p>அறிகுறிகள் அதிகமாக மது அருந்துவதினால் வயிறு சிறுகுடல் மற்றும் பெரு குடலால் உறிஞ்சப்படுகிறது. மத்திய நரம்பு மண்டலத்தை செயல் இழக்க படுகிறது. அதிகப்படியாக வியர்த்தல்</p>					
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					பார்வை இழப்பு குமட்டல் மற்றும் வாந்தி எடுத்தல் இதயத்துடிப்பு மற்றும் சுவாசத்திறன் குறைவாக காணப்படுகிறது. இரத்த அழுத்தம் அதிக்கமாகுதல். பாலுறவு மற்றும் அனிச்சை நிலை குறைவாக காணப்படுகிறது மன அழுத்தம் உணர்ச்சி தொந்தரவுகள் காணப்படுகின்றன.			
					அதிகமாக குடிப்பழக்கம் இருப்பதினால் உண்டாகும் அறிகுறிகள் கல்லீரல் பாதிப்பு கணையப் பகுதியில் வயிற்று புண் மற்றும் எரிச்சல் உண்டாகுதல் மஞ்சள் காமாலை வயிற்று வலி கல்லீரல் அலர்ச்சி புற்று நோய் நரம்புகள் மற்றும் தமணிகள் விரிவடைவதால்			

8	2 நிமிடம்	குடிப்பழக்கத்தை பற்றி மதிப்பிடுதல்	தலைவலி மற்றும் உடலின் வெப்ப நிலை குறைகிறது. குறைவாக இரத்த சிவப்பு அணுக்கள் உற்பத்தி ஆகுவதால் இரத்த சோகை மற்றும் தொற்று நோய்கள் உண்டாகுகிறது.	குடிப்பழக்கத்தின் கட்டுப்பாட்டற்ற மதுப்பழக்கத்தைப் பற்றி கண்டறிய பல விதமான கருவிகள் உள்ளன. இவை பெரும்பாலும் கேள்விகளுக்கு பதில் வழங்கும் சுய அறிக்கைகள் ஆகும். மருத்துவரின் அலுவலகத்தில் விரைவாக நோயாளிகளை வடிகட்டப் பயன்படும் கருவி. எடுத்துக்காட்டாக, அதன் நான்கு கேள்விகளின் அடிப்படையில் பெயரிட்ட (சிஏஜிஈ) வகையிலான கேள்விப்பட்டியல் அமைந்துள்ளது. “இரண்டு “ஆம்” பதில்கள் பதிலளிப்பவரை மேலும் ஆய்வு செய்ய வேண்டும் எனக் காட்டும். இந்த கேள்வித் தொகுப்பு	குடிப்பழக்கத்தின் மதிப்பிடுதலை எவ்வாறு கண்டறியப்படுகிறது.	விளக்க வரைபடம்		
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					<p>கீழ்வரும் கேள்விகளை கொண்டுள்ளது.</p> <ol style="list-style-type: none"> 1. உங்கள் குடியளவை குறைக்க வேண்டும் என எப்போதாவது நினைத்ததுண்டா? 2. உங்கள் குடித்தலை யாரேனும் விமர்சிப்பதால் எரிச்சல்படுத்தி உள்ளாரா? 3. எப்போதாவது குற்ற உணர்வுடன் குடித்துள்ளீர்களா? 4. காலையில் எழுந்தவுடன் தொக்கிய விளைவை குறைக்க குடிக்க வேண்டும் என எண்ணியதுண்டா? <p>இந்த சிஏஜிஈ கேள்விப்பட்டியல் மது சார்ந்த பிரச்சனைகளை எளிதில் அறிந்து கொள்ள கூடியதாக இருப்பினும் குறைந்த அளவில் மது அருந்தும் பழக்கம் உள்ளதால், வெள்ளை நிறப் பெண்டிர் மற்றும் கல்லூரி மாணவர்களிடையே செல்லுபடியாகாது. மது சார்புடைய தரவு கேள்விப்பட்டியல் சிஏஜிஈ கேள்விப்பட்டியலை விட</p>			
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					<p>மேலும் உயர்ந்ததாகும். மிக்கிகள் சாராய சோதனை என்பது குடி பழக்கத்தை கண்டறிய பரவலாகப் பயன்படும் வடிகட்டும் கருவியாகும். இதன் அடிப்படையில் குடித்துவிட்டு வாகனங்களை ஓட்டும் குற்றம் புரிந்த மக்களுக்கு நீதி மன்றங்களின் தண்டனை வழங்கப்படுகிறது. சாராயப் பயன்பாட்டு கோளாறு கண்டறியச் சோதனை என்பது உலக சுகாதார அமைப்பு மேற்படுத்திய வடிகட்டும் கேள்விப்பட்டியலாகும். இசிலி இந்த சோதனை இதயத்தின் துடிப்புகள் எவ்வாறு வேலை செய்கிறது என்பதை பற்றி கண்டறியும் சோதனை.</p> <p>சிறுநீர் நச்சுதன்மை சோதனையை பயன்படுத்தி இரத்தத்தில் ஆல்கஹால் எந்த அளவிற்கு உடலில் நச்சுத் தன்மையை பரப்பி</p>
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9	8 நிமிடம்	குடிப்பழக்கத் தின் தடுப்பு முறைகளை பற்றி விளக்குதல்	<p>உள்ளது என்பதை பற்றி கண்டறியும் சோதனை. இரத்த பரிசோதனையில் இரத்தத்தில் மதுவை அளவை ஆய்வதாகும். இந்த சோதனை குடிப்பவர்கள் மற்றும் குடிக்காதவர்களை வேறுபடுத்தாவிட்டாலும் நீண்ட நாட்களுக்கு கடுமையாகக் குடித்தவர்களின் உடலில் கீழே கொடுக்கப்பட்ட அறிகுறிகள் காணப்படும். பெருஞ்செல்லி ரத்தம் (வீங்கிய எம்சிவி) உயர்ந்த கார்போஹைட்ரேட்டு குறைவு மாற்றம் ஏற்படும்.</p>	தடுப்பு முறைகளை விளக்குதல்	கவனித்தல்	விளக்கக் குறிப்பு	குடிப்பழக்க முள்ளவர்க ளுக்கு எந்தவிதமா ன தடுப்பு முறைகள் பின்பற்றப்படு கிறது.
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					<p>வயதினர்களை குறிவைத்து அவர்களுக்கு சரியான பாதையை உணர வைத்தல் ஆகிய செயல்பாடுகளும், மதுவை பயன்படுத்துவதிலிருந்து தடுப்பதற்கான நடவடிக்கைகளும் கருத்தில் உள்ளன.</p> <p>இந்தியாவின் தடுப்புமுறைகள்:</p> <p>இந்தியாவில் மட்டுமே மது குடிக்க மிக உயர்ந்த வயது வரம்பு 25 ஆண்டுகள்.</p> <p>மதுபானங்களை நேரடியாகவோ மறைமுகமாகவோ விளம்பரப்படுத்துவது சட்ட விரோதமாகும்.</p> <p>ஒளி/ ஒலி பரப்பு சட்டத்தின் படி குடிக்கும் காட்சிகளை காட்சிப்படுத்துவது வயது வந்தவர்களுக்கானதாக வகைப்படுத்தப்படுகிறது.</p> <p>குடியில் பல ஆண்களுக்கு விந்தணுக்களின் எண்ணிக்கை மிகக்குறைவாக இருப்பதாகவும், இதனால் காலப்போக்கில்,</p>					
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					<p>உயிர்களின் உற்பத்தி குறைந்து கொண்டே சென்று, ஒரு கட்டத்தில் உயிர்கள் பிறப்பதே நின்றுவிடும் என்று இரு ஆய்வு கண்டறியப்படுகிறது.</p> <p>மருத்துவ ஆலோசகரை அணுகுதல்: குடியால் ஏற்பட்ட உளவியல் மற்றும் உணர்ச்சி வசப்படும் நிலைகளைப் போக்க ஒரு நல்ல மனநல ஆலோசகரை அணுகி ஆலோசனைகளை பின்பற்றவும்.</p> <p>திகதியை குறித்துக் கொள்ளுதல்: குடியை விட சில முக்கிய திகதியை தேர்ந்தெடுத்து இன்றிலிருந்து குடிக்கமாட்டேன் என்று சபதமிடுங்கள். பெரும் குடிகாரராக இருந்தால் படிப்படியாக குறைக்கும் முறைகளில் ஈடுபடவும்.</p> <p>கொஞ்சம் கொஞ்சமாக</p>
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					<p>குறைபாடு, கடுமையான மனநல பாதிப்புகளை ஏற்படுத்தும்.</p> <p>குடியை தூண்டும் நண்பர்களை தவிர்த்தல்:</p> <p>குடிக்கத் தூண்டும் மனிதர்களுடன் தொடர்பை உடனடியாக நிறுத்தவும். பாருக்கு போவதை நிறுத்த வேண்டும். மேலும் குடும்பத்தினரிடம் மற்றும் நண்பர்களிடம் குடிப்பதை நிறுத்த விரும்புவதாக கூறி அவர்களது தார்மீக உதவியைப் பெறவும்.</p> <p>பென்ஸோடயாஸைபைன் வகையைச் சார்ந்த தூக்க மருந்துகளால் நிறுத்தல். விளைவுகளை ஏற்படுத்தும் அதை முழுவதுமாக தவிர்க்க வேண்டும்.</p> <p>மருத்துவ சிகிச்சைக்கு பிறகு குடிப்பழக்கத்திற்கு மீளாதிருக்க முழு மருத்துவம், அல்லது சுய உதவிக்குழுக்களின் உதவியை ஏற்று தேவைகளை நிவர்த்தி செய்யலாம்.</p> <p>சில நேரங்களில், மது அருந்துவோர் பிற</p>
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					சாப்பிடுகிறார்கள், எவ்வளவு வெளியேறுகிறது மற்றும் உடலில் கலோரிகளின் மதிப்பு எவ்வளவு இருக்கிறது என்பதை சரி பார்க்கவும். தினமும் எடைனை பரிசோதனை செய்து பார்க்கவும்.				
					<p>முடிவுரை:</p> <p>குடிப்பழக்கத்தை பற்றியும், தடுப்பதற்காகவும், கட்டுப்படுத்துவதற்காகவும் முதலில் ஆசிரியர் மற்றும் பெற்றோர்களும் சேர்ந்து அதற்கான காரணங்களை கண்டுபிடித்து, காரணங்களை அகற்றி அவர்களை அதிலிருந்து மீண்டு வர வழி செய்யனும் வீட்டில் சுற்றுசூழலை மாற்றி அமைக்க வேண்டும். முக்கியமாக பெற்றோர்கள் இதற்கான அறிவுரைகளை கற்பித்தால் மட்டுமே குடிப்பழக்கத்தை கட்டுப்படுத்த முடியும். குடிப்பழக்கத்தினை நிறுத்த காசு கொடுக்காமல் இருக்கவும், அவர்களின் நடவடிக்கைகளை தினமும்</p>				

